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## SIR GEORGE SIMPSON'S CASE.

SUPERIOR COURT, MONTREAL. THE REV. JOHN FLANAGAN,  
PLAINTIFF, VS. DUNCAN FINLAYSON, ET. AL., DEFENDANTS.  
MSS. CASE.

This is a recent Canadian case, which will be read with interest, on account of the question of insanity therein raised. We give at length the testimony taken during the trial. The facts upon which the controversy arose are, briefly, as follows :

Sir George Simpson was a man of large wealth, the President of the Hudson's Bay Company, residing at Lachine, Canada East. During the two years preceding the first of September, 1860, he suffered one or two premonitory attacks of disease of the brain, and upon that day was completely prostrated by an attack differently described by his attending physicians, as "a fit of epilepsy, threatening apoplexy," or "hemorrhagic apoplexy, attended with epileptiform convulsions." He lived a week under this attack, and died upon the 7th of September, 1860.

During this week, he labored during a large portion of the time, under maniacal delirium. Upon the 3d and 4th of September he signed several checks, the amount of which, it was alleged, he intended as bequests to the respective payees. One of these payees, the Rev. John Flanagan, brought an action in the Superior Court at Montreal against Sir George

Simpson's executors, to recover the amount of the check drawn to his order, alleging that the said check was a valid gift, made by Sir George during a lucid interval. Payment was resisted upon the ground that no such lucid interval existed when the check was drawn, and that at no time, after the attack of September 1st., was Sir George of sound mind and memory.

The merits of the case will best appear by an examination of the testimony.

Mr. Hopkins, Sir George's Private Secretary, testified as follows :

" I am not related, allied or of kin to, or in the employ of any of the parties in this cause ; I am not interested in the event of this suit.

*Examined on the voir dire.*—I am the Edward M. Hopkins whose name appears as a legatee for \$5,000 in the paper purporting to be in the nature of a codicil to the last Will and Testament of the late Sir George Simpson, mentioned in the pleadings in this cause, of which paper writing a certified copy is filed by plaintiff as his Exhibit No. 5. I have not, in any way, released the estate of the said late Sir George Simpson from liability to pay me that legacy, and my present intention is to recover that amount if I can.

I know the parties in this cause ; I was very intimate, for the past twenty-five years, with the late Sir George Simpson, of Lachine, and acted as his Private Secretary for more than twenty years. I was in his company, I may say, every day, and all day, and was never separate from him except for short periods. I always accompanied him on his annual visits to the North-West.

On the 1st of September, 1860, he was taken ill while driving from Montreal to the Hudson's Bay House at Lachine, where he lived, and was immediately taken home, and then assisted into the house by Mr. Hector McKenzie and myself with the driver. We made him a bed upon the floor in the drawing room, and Dr. DeCouagne was summoned immediately, as well as Dr. Sutherland, who was sent for to Montreal, and arrived three hours later. Dr. De Couagne

reported him dangerously ill, and Dr. Sutherland concurring in the same opinion, I telegraphed to Mr. Angus Cameron, his son-in-law, at Toronto, in the following words: "Sir George has had a fit of apoplexy; his medical advisers think his case serious."

When first brought in, Sir George had frequent attacks of epilepsy, which subsided in the afternoon, when, by Dr. Sutherland's advice, I telegraphed again to Mr. Cameron as follows: "Sir George is better; do not come down till you hear further." Early on the 2d, I went to see him, and his mind was quite clear, and he appeared to me convalescent. He was anxious to converse on business, though I dissuaded him from so doing, but to satisfy him, I repeated the substance of a number of letters which he inquired about. On the 3d, I went, at about seven or eight o'clock, to see him. He appeared better, but was impressed with the belief that his case was more serious than we supposed, principally in consequence of something Dr. Sutherland had said to him. He inquired very particularly about the letters by that morning's mail, the substance of which I repeated to him, instead of reading them. One was from General Bruce, respecting some horses Sir George had given the Prince of Wales. Sir George thereupon mentioned which horses he wished to be packed and forwarded to the Prince; and begged I would attend to that matter immediately. Another matter he spoke about was a pending suit between the Ebbuvale Company, for whom he acted as Attorney, and the Ottawa and Prescott Railroad Company. He begged me to write to the Ebbuvale Company, stating that, as he could not now act as receiver, he would recommend Mr. Harris, of Ottawa, for that office. He next asked if I knew where his Will was. I replied, one copy was in the safe, (then at the Hudson's Bay House,) and a duplicate was at the Bank of British North America, in Montreal. He replied, "Quite right; be sure you send the copy here to Mr. Finlayson," (one of the defendants.) He expressed his desire to do something for his faithful servant, James Murray. I stated I thought he was perfectly satisfied, and that I would advise him not to trouble himself upon

such matters. He persisted, however, and requested me to go to the office and draw a check in Murray's favor, for £300, and to bring it to him for signature. This I did, and after the check was signed, I cut it from the check book and Sir George handed it to Murray himself, with some kind expressions of his regard for him.

That afternoon, at the suggestion of the medical men, I telegraphed Mr. Cameron, as follows: "You had better come down with Sir George's daughters without delay; an unfavorable change has taken place."

On the 4th of September I went early to the Hudson's Bay House, and was told, on arrival, that Sir George was very anxious to see me, and that he had wished to send a message to expedite my arrival. Mr. Cameron and Sir George's three daughters arrived soon afterwards. Upon going to Sir George's room, I made inquiry respecting his condition, &c., &c., when he said to me, "I have been anxious to see you for some time. McKenzie has been most attentive to me. I have known him a very long time and always esteemed him. I wish now to show my regard by making him a present of five thousand dollars." I had previously learned from Mr. McKenzie that Sir George wished him to draw a check for that amount in his own favor, which he declined doing, as it was in my department. As in the case of Murray, I endeavored to dissuade Sir George from this proceeding, and told him not to think of parting from his friends; and, moreover, that McKenzie, I was sure, expected no such proof of his good will. Sir George said, "Why do you thwart my wishes, and try to deceive me with hopes of recovery? I am a dying man." I then urged delay, at all events, but Sir George said, "I have no time to lose, besides, what is the use of delay? It will not hasten my death to settle what I have on my mind." Seeing further opposition would be useless, I was leaving the room to draw the check, in the office, when James Murray came after me, to say that was not all Sir George wished to have done. I accordingly returned to his bed side. He said, "Mr. Flanagan has been very useful to me, and most discreet in everything he has



undertaken. I wish to make him an acknowledgment of my obligation to him. I was thinking of giving a hundred pounds to each of the Parsons, (meaning Mr. Flanagan and Mr. Simpson,) but that is scarcely enough. Do you think one thousand dollars to each would be considered as doing the thing liberally? I said it was more than liberal; it was very generous. Sir George said, "I am glad to hear it; that is what I should wish." He soon after said, "There is Cameron. I should wish to do something for him. What do you think would be fair and liberal in his case?" As I hesitated in my reply, Sir George said, "What did I give him on his marriage?" I replied "Four thousand." Sir George said, "You mean dollars?" to which I replied in the affirmative. He asked if I thought that would be a proper sum to give Cameron. I stated I thought it liberal, but that it might be better, to avoid unpleasantness, to put Cameron and McKenzie on the same footing. Sir George said, "You are quite right. Make them both five thousand dollars, and yourself the same." He soon afterwards added, "We are very old friends; few people have been so much together and have got on so well. I am indebted to you for long, useful and kind services. It is very hard to part now." He shook my hand and turned his head away, apparently much affected. James Murray was present during this interview. I proceeded to the office to draw the checks, and whilst so doing, received two messages from Sir George to make haste. I returned to his room when he signed the checks, lying on his back while I held the check-book. Being shown plaintiff's Exhibit No. 2, filed in this cause, I declare the same to be the check which Sir George signed on that occasion for the Rev. Mr. Flanagan. He was accustomed to sign his name with a flourish at the end, and the irregular marks at the end of the signature to this check were intended for the flourish, and arose partly from his position—lying on his back—and partly from his eyes being weak. When the check was given him for signature it was filled up exactly as it is now, payable to the Rev. John Flanagan or order. It was the invariable custom in the office to make those checks payable to order, which were to be handed over

at once to the person in whose favor they were drawn. These checks were decidedly intended to have been handed over to the parties named above, and I have no doubt whatever that Sir George supposed that they were handed over by me. They were, however, locked up in my own desk, with the knowledge of Mr. McKenzie, whom I first consulted, my firm belief being at the time that Sir George would recover, and that it might be painful to him to see them as a record of how seriously ill he had been. They remained in my hands until after his death, and until I delivered them to the parties. The amounts of the checks were passed through Sir George's private account books by me as having been paid. After being convinced that Sir George's illness would be fatal, I would have handed the checks to the parties for whom they were drawn had I imagined that any difficulty might subsequently arise about them. I now produce, marked plaintiff's Exhibit 6, a true extract from the private cash ledger of Sir George Simpson, with the entries referred to above. Sir George kept his private account at the Bank of Montreal, and when those checks were drawn there was a certain balance there, though not enough to cover the checks. It was, however, by no means unusual for Sir George to overdraw his account at the Bank, and he would some times say in a joking manner that he would like to see them refuse his check. About mid-day of the same day (the 4th,) I had further conversation on business with Sir George, at his request. He gave me instructions upon several points. Amongst others, that James Murray and his family should remain at Isle D'Orval; also, respecting the transmission of his will to England. He then said, (after a considerable pause,) "you will write to the Company, saying I have left the business of this establishment in your charge. McKenzie will go to the Ottawa, as already arranged." Before I left him he sent farewell messages to my wife and sister, regretting he had seen so little of the latter, (she had lately arrived from England,) and also to some of the members of my family in England, specifying them by name. He became worse that afternoon, and during the whole of the following night and day, that is to say, the 5th, he had paroxysms of

great excitement. We still thought his great strength of constitution would carry him through. On the morning of the 6th the paroxysms had ceased, but his strength had evidently been much reduced. But his mind was quite clear, so that he was enabled to converse in a collected manner with those about him. On the evening of that day, between seven and eight o'clock, on returning from my own house where I had been for a couple of hours, I was told Sir George wished to see me, in order to dispose of a matter of business he had on his mind. I found in his bed-room assembled Mr. and Mrs. McKenzie, Mr. and Mrs. Cameron, the two Misses Simpson, Dr. Thorborn, Dr. DeCouagne, the Rev. Mr. Simpson, and James Murray. As I entered the room, Sir George said, "Has Hopkins come?" I went to his side and said, "Here I am, Sir George, have you anything particular to say to me?" He replied, "Yes, I wish you to take a memorandum of my last bequests." As I did not exactly understand him, he said in explanation, "Get pen, ink and paper quickly, and make a memorandum of my wishes, as I have no time to lose." Having provided myself with writing materials, I sat down on the bed-side and stated I was ready. Sir George then said to me, "Now put down what I have been doing—the bequests I have made." I said, "do you refer to the checks you drew the other day?" He replied, "Certainly; now put them down. What are they?" Seeing present several persons who were interested, I felt a delicacy about proceeding, and motioned to Mr. Simpson to leave the room, when he and Mr. and Mrs. McKenzie left the room. The two doctors were going backwards and forwards between the bed-room and dressing-room, the door between the two being wide open. The delay seemed to make Sir George impatient, and he said, "Go on, go on; why do you keep me so long?" I thereupon made a list of the six checks and said, "Here is a memorandum of the checks; shall I read them over to you?" On his replying in the affirmative, I commenced as follows: "Angus Cameron, five thousand dollars. Is it your wish that that sum should be paid him?" Sir George replied, "Yes, certainly; go on; why do you tease me by delay?" Either Mrs. Cameron or

Miss Margaret Simpson, or both, who were sitting close to their father's head, repeated my question, to which he again replied, "Yes; what next?" I went on reading, "Hector McKenzie, five thousand dollars. Do you wish him to receive that sum?" Sir George replied, "Yes; what next?" Somebody repeated my question, when he said, "Certainly; go on." In this way I read out the other names and amounts as follows: "E. M. Hopkins, \$5,000; the Rev. J. Flanagan, \$1,000; the Rev. William Simpson, \$1,000; James Murray, \$1,200." After reading each bequest, I formally asked Sir George if that was his wish, and if he wished the parties to receive the sums which followed their names. My questions were repeated by others around the bed, and on every occasion Sir George replied, "yes," or "certainly," "go on; what next?" After having gone over the list *seriatim*, I said, "Sir George, am I to understand that these are your last wishes, and that it is your desire I should make these payments?" He asked me the amount of the whole. I replied, "Eighteen thousand two hundred dollars," when he said distinctly, "Yes, certainly." Mr. Cameron and his daughters asked him if I had properly understood him, and had done all he wished, to which he invariably replied "yes." From that time (about nine in the evening of the 6th,) his mind appeared more at ease, and though I remained with him till he died, about eleven o'clock next day, he never once adverted to any matter of business. The memorandum I prepared on that occasion, and of which plaintiff's Exhibit, No. 5, is a certified copy, I signed on the spot, and also got it signed by Mr. and Mrs. Cameron, James Murray and Miss Margaret Simpson as soon as I had an opportunity of so doing. Dr. Thorborn added on the back his certificate of Sir George's state of mind within an hour after Sir George's death.

On the evening of the 6th, before the making of the memorandum I have described, I had asked Dr. DeConagne for a special report on Sir George's condition, my principal object in so doing being, to put myself in a position to report to the Company in London by next day's (Friday's) mail.

In the memorandum I have said the checks were drawn on

the 5th of September. This was an error, attributable to the confusion and excitement of the moment. The checks referred to were drawn, Murray's on the 3d, and the others on the 4th, as I have stated before.

I had been so long acquainted with Sir George Simpson that no person could be more familiar with his manner and his mode of thought than I, and I could judge as well as any one, physician or friend, if his mind was collected and in its usual state. Upon both the 4th and 6th, on the occasions I have described namely, the signing of the checks and the dictating the memorandum, I have not the least doubt, and can say positively, that his mind was calm and sound, and that he was in full possession of his mental faculties.

Most of the foregoing facts are given by me from memoranda, which I put down in the end of the year (1860,) when I learned that a difficulty had arisen about the payment of the amounts, in which I made a note of the conversations and dates, for my own satisfaction.

*Cross-Examined.*—The door between the room where Sir George was and the adjoining dressing-room, was, as I have already stated, open during the whole time that the interview between me and Sir George, which I have related above, lasted. I am alluding, of course, to the interview on the evening of the 6th, when I wrote the memorandum referred to. My impression is that Dr. DeCouagne remained in the adjoining room, but that Dr. Thorborn had occasion to come into the bed-room once or twice during the interview. The Rev. Mr. Simpson was in the adjoining room and James Murray in the bed-room. I signed the memorandum in question immediately after it was completed, as before stated. My impression is that the memorandum was signed the next morning within about an hour of Sir George's decease, by Mrs. Cameron and her sister, Margaret Simpson. My impression is that Mr. Cameron did not sign immediately after I did. It must have been the next morning when the ladies signed, and James Murray signed, I think, directly after Sir George died.

The certificate as to Sir George's state of mind, indorsed

on the back of the memorandum, was made and signed within an hour or two after Sir George died.

*Question.*—Why did you consider it necessary to obtain a medical certificate, such as the one in question, touching Sir George's state of mind?

*Answer.*—Because I had decided on my own responsibility to send the memorandum to Mr. Finlayson, who was the only person I knew to be one of the Executors, and I wished him thoroughly to understand Sir George's condition. I had no doubt myself as to the state of his mind, being quite competent to attend to business; and I merely obtained the certificate for the satisfaction of Mr. Finlayson, and to record the fact that Dr. Thorborn was a witness.

*Question.*—Did you consider Sir George Simpson, on the occasion in question, when the memorandum was executed, to be of sound mind, memory and understanding?

*Answer.*—I did think him wonderfully so for a man at the point of death.

The contents of the memorandum in question were not dictated by Sir George Simpson, except in so far as his wishes with respect thereto were expressed to me in the manner already explained. There was no excitement about Sir George at this time indicating delirium; there was only prostration of strength.

I am not aware that on the morning of the 3d of September Sir George Simpson was laboring under an attack of inflammation of the brain, and I assert that Sir George Simpson was not completely nor at all delirious between the morning of the 3d and the morning of the 4th of September, unless it occurred during my absence in the night. I am aware that Sir George died from an attack of the head of some kind or another. I am not aware that Sir George had a fit every hour or two during the 4th of September, and that those fits gradually subsided until the morning of the 6th, but I recollect that he had frequent attacks during the 5th, which had commenced on the evening of the 4th.

The check which was signed on the 3d for James Murray, was signed between ten and eleven o'clock in the morning.



I should say that on that occasion Sir George's mind was as calm and sound, and that he was in as full possession of his mental faculties as on the 4th and 6th.

My intention in putting away the checks as I did, was that in the event of Sir George surviving this attack, which I thought certain, I should submit the checks for his further consideration before making use of them. They were intended as parting gifts, and had he survived, therefore, the object for which they were drawn would have ceased. When I asked Dr. DeCouagne to examine Sir George on the evening of the 6th, I did so for the purpose of being able to report to the Company as to the prospect of his recovery.

He had had violent paroxysms of delirium which gradually subsided, and ceased on the morning of the 6th. These attacks were confined to the period from the afternoon or evening of the 4th until the morning of the 6th, and at no time before or since, did he, to my knowledge, suffer in that way."

Mr. Hector McKenzie, an agent at the Hudson's Bay Company, testified as follows :

*Examined on the voir dire.*—I am not related, allied or of kin to, or in the employ of any of the parties in this cause.

I am the Hector McKenzie whose name appears as a legatee for \$5,000 in the paper writing purporting to be in the nature of a codicil to the last Will and Testament of the late Sir George Simpson, mentioned in the pleadings in this cause, of which paper writing a certified copy is filed by plaintiff as his Exhibit No. 5. I have not in any way released the estate of the late Sir George Simpson from liability to pay me that legacy, and my present intention is to recover that amount if I can.

I have been twenty-eight years in the Hudson's Bay Company's service, and from the fall of 1834 I have known the late Sir George Simpson (whose Executors the defendants are) intimately. I know the defendants as well as the plaintiff. I came down to reside with Sir George Simpson in the summer of 1858, and resided with him, in the same house at Lachine, until the time of his death. He was taken ill on

the 1st of September of last year, (1860) and I was constantly with him night and day, until his death, on Friday, the 7th of that month. I had frequent conversations with him during this illness, until the very morning of his death. During the night, between the 3d and 4th, I was up and down with him all night, my bed room adjoining his, and when he wanted anything he called to me.

On the morning of the 4th he asked me repeatedly to draw a check for myself, and I endeavored to get his mind off the subject altogether. He said to me that we had been long acquainted, long friends. It being my impression, then, that he would recover, I said to him that we would both be laughing at this before long. He said "No," and then wanted me again to draw out a check. I then said, "If you insist upon it, Mr. Hopkins will soon be here, whose duty it is to draw checks, and he will do it." The matter then dropped. He asked me repeatedly, afterwards, if Hopkins had arrived, and as soon as he did arrive he sent for him. Then, as soon as Hopkins made his appearance in the room, I went out to the office. When Mr. Hopkins came down to the office afterwards, he had several checks in his hand. I did not, however, look at the checks, either then or at any time since. It was still my impression that Sir George would recover, otherwise I would have demanded my check. I never had any further conversation with Sir George on the subject. When Sir George spoke to me about the check, he was perfectly calm and collected. During that week, at times, he seemed excited, with frequent intervals of calmness, during which he would speak to me on business, sometimes. On Wednesday, 5th, I think it was, he seemed most excited. On the 6th I think he was quite calm, and continued so, I think, during that day, until his death on the 7th. I cannot recollect if I spoke to him about business on the 6th. When I did speak to him at different times during the week on business, though I cannot recollect what days, he showed a perfect recollection of his business. I was then about leaving to go to my present station, Fort William. I heard Sir George conversing with Dr. Sutherland, of Montreal, the last time the Doctor saw

him alive, I think about eight o'clock of the morning of the 6th. When the Doctor came into the room, Sir George said, "Well, doctor, this is the last scene of all;" and the Doctor said, "Yes, Sir George." The Doctor then approaching his bed side, asked, "Where would you wish to be buried, Sir George?" Sir George seemed to look at him with astonishment, and said, "In the Montreal Cemetery, of course."

Then the Doctor asked, "Would you wish to have a monument erected over your grave?" and Sir George said, "There is a monument there already." The Doctor said, "Would you wish any particular inscription to be put on it?" Sir George then said, "That is the business of my executor, not yours." That was all the conversation. Being shown the check filed in this cause as plaintiff's Exhibit No. 2, I declare that I recognize the first part of the said signature as Sir George's, that is, all to that part thereof which looks a letter *p*. The continuation of the signature, I would suppose, had reference to his private account, as he was in the habit of adding an abbreviation of those words to checks on his private account. I am very familiar with his writing and would take that to be his signature. The first part is much as he used to write his signature, with no greater difference than you would expect from a sick man. I was familiar with his mode of drawing checks on the banks. He used frequently to overdraw his account, but his checks were always honored, notwithstanding.

On Thursday, the 6th, I had a conversation with Sir George, when he said to me, "You're going to leave me," alluding then to a request I had made before he was taken ill, that I might return to my old station, and to which he had consented; I said, in answer, "No." "How long will you remain?" he then inquired. "I said until one of us dies." From all the conversations I had with him, and particularly at the moment when those checks were drawn, I always found, from the answers he gave, and his conversation, that he was perfectly sensible, so much so that I was convinced he would recover.

*Cross-Examined.*—I considered Sir George Simpson to be perfectly sensible, and to be quite calm and collected in his

mind, during the conversation which took place, as I have above related, between him and Dr. Sutherland, and quite as much so as upon any of the other occasions I have alluded to, when I have stated that I considered he was quite sensible, calm and collected. I do not know of what disease Sir George died, but I understood that the attack which ended in his death, was epilepsy.

James Murray, Sir George's servant, testified as follows :

I am not related, allied or of kin to, or in the employ of any of the parties in this cause. I am not interested in the event of this suit.

*Examined on the voir dire.*—I am the James Murray whose name appears as a legatee in the plaintiff's Exhibit No. 5. I have not in any way released the estate of the late Sir George Simpson, from liability to pay that legacy, and my present intention is to recover it if I can.

I lived as servant with the late Sir George Simpson, of Lachine, for six years before his death, and until the time of his death. I was his only servant, and he employed me in all sorts of work, both in doors and out. On Saturday, the 1st day of September, 1860, he was taken ill, and continued so till Friday, the 7th, when he died. On the 3d of September I was attending on him in his room, when he several times inquired if Mr. Hopkins was come. At last he came, and Sir George said, "I want to make a small present to James," meaning me. Mr. Hopkins said, "How much, Sir George?" Sir George replied, "Twelve hundred dollars." Mr. Hopkins said "Which way shall I make it to him?" And Sir George said, "Get a check for him." Mr. Hopkins went and brought the check and the ink, and Sir George signed it. The check was filled up by Mr. Hopkins. Sir George then said, "That will do, Hopkins," and Mr. Hopkins retired. Sir George handed the check to me. I have it still. He said, in handing it, "There is a present for you. You did not think that you were going to lose me so soon. Had I lived longer, it would have been better for you. I want you to remain on my place," that was the Island. On

Tuesday, the 4th, he inquired at different times for Mr. Hopkins. Mr. Hopkins came, and he said, "Hopkins, I want to give some money among a few of my friends." Hopkins inquired, "Who?" and "What is the amount you want to give, Sir George, and in what way is it to be given?" Sir George replied, "Bring the check book of the Bank of Montreal, and make them out here. Five thousand dollars for Angus Cameron, five thousand dollars for Hector McKenzie, five thousand dollars for yourself, E. M. Hopkins, a thousand dollars for Parson Flanagan, one thousand dollars for Parson Simpson." These are the very words Sir George used. Mr. Hopkins then asked if he was able to sign them. He said "Yes, bring them here." I saw Sir George then sign a check for each of the persons above mentioned and the amounts also. Being shown the check, plaintiff's Exhibit No. 2, I declare that it is the same sort of check that I saw signed on that occasion for Mr. Flanagan, and that the signature of it is the signature which I saw Sir George write on that occasion. It is filled up in the same way and for the same amount. The signature is like the one on my check. Sir George was in bed and raised himself on his arm to write it. The checks were retained by Mr. Hopkins, who placed them before Sir George for signature. I never saw them afterwards. Sir George could speak quite well on that day; and his mind was apparently quite right. From that time on I was with him pretty constantly and he spoke frequently to me; but I do not remember anything precisely that he said to me, until Thursday morning, the 6th, when he said, "You have not been at the Island; you'd better go and see what they are doing there." I went up and returned at one o'clock, but I did not speak to him, as the doctor said, "Let him repose; do not annoy him with any thing." It was Dr. De Conagne who said this. I saw him during the evening of the 6th. I was present when the family assembled in his room, at between ten and twelve in the evening of the 6th. I do not remember the hour precisely. Sir George called out, "Hopkins." He called out again, "Hopkins," the second time. Hopkins was in the room when he first commenced calling

and approached him, but Sir George didn't give him time before he called out the second time. He said, "I am here, Sir George, what do you want? do you want me?" He said, "Yes; what have I been saying during my illness, towards my money affairs?" Mr. Hopkins inquired, "What money, Sir George? is it the moneys for these parties?" And Sir George said, "Yes; what is to each of them?" Mr. Hopkins said, "You have already signed a check for Angus Cameron for five thousand dollars, and one to Hector McKenzie for five thousand dollars, and one to E. M. Hopkins for five thousand dollars, one thousand for Parson Flanagan, one thousand for Parson Simpson, twelve hundred dollars for James Murray." Mr. Hopkins then said, "Is it your wish, Sir George, that this money shall be given to these parties?" Sir George replied "It is." This was in the presence of all his family. I should have mentioned before, that Sir George told Mr. Hopkins to get pen, ink and paper, and take it down. Sir George's words were, "Why don't you get paper, ink and pen and take it down?" and these words were uttered when Mr. Hopkins remarked to Sir George as before stated, "you have already signed the checks." Mr. Hopkins then went and got the paper, and after he had made it out, he read what he had written to Sir George. It was the names and the amounts above mentioned. Mr. Hopkins asked him if he had any thing else to say. I did not catch any reply. I will not swear that he even made any reply; I was not listening for it; I was merely in the room with the family.

I signed the paper which Mr. Hopkins thus drew up, and read to Sir George, in the afternoon of the 7th, after Sir George's death. The paper shown me, plaintiff's Exhibit No. 5, is a copy of what I signed.

On the 6th I was in the room before the family came in. I said nothing more than to ask him if he wanted something to moisten his lips, and he said he did. Mr. and Mrs. Cameron and the two Misses Simpson came down from Toronto, during the week, to be with him, and his daughters, when they were in the house, were in constant attendance upon him.

*Cross-Examined.*—When the scene took place, on the



evening of the 6th of September, which I have related above, when Mr. Hopkins wrote down and read out what I have before stated, the persons who were present in the room beside myself, were Mr. Hector McKenzie, Mr. Angus Cameron, Mrs. Cameron, Dr. Thorborn, Miss Maggie Simpson, and Mr. Hopkins.

After the paper was completed, Mr. Hopkins placed it on the window-table, where it remained for about an hour, and during all this time I remained in the room. Dr. De Couagne was in the room adjoining at that time, the door of which was ajar. In the same room with the doctor was Parson Simpson; but I swear that I was in Sir George's bed-room, and not in the said adjoining room.

My check was signed on the 3d day of September of last year; and, as far as I could see, Sir George Simpson was in his right mind, and he was apparently also in his right mind when he signed the other checks the next day. I perceived no difference between his state of mind when he signed my check, and when he signed the others. When the paper was written out by Mr. Hopkins, on the evening of the 6th, he appeared quite sensible and calm. I think he was more quiet and more still, than when he signed my check. Mr. Hopkins generally arrived at about eight o'clock, and it was after his arrival that the checks were signed on both occasions.

Being asked if I ever saw Sir George delirious during his last illness, I answer that on the Tuesday before his death, namely, the afternoon of the day on which the last checks were made out, he got out of the bed and called for me oftener than usual, but I could not say that he was delirious. I would not pretend to say that he was delirious, for he always spoke quite sensibly to me when he called me. With the exception of some slight repose I took during the day, I was constantly in attendance on Sir George during his last illness.

In what I have stated in my examination in chief, I have related all that took place on the occasion when Mr. Hopkins drew up the paper, of which a copy is contained in the plaintiff's Exhibit No. 5.

Dr. DeCougne, Sir George's local medical attendant, testified as follows :

I know the parties in this cause. I have practiced at Lachine as a physician for nine years, and I was intimately acquainted with Sir George Simpson of that place, lately deceased, of whom the defendants are the executors. I once attended him professionally for a short time about two years before his death, but he was a man of good health, and I was not called in again until the 1st of September, 1860, when he was seized with the illness of which he died on the 7th of the same month. On the 1st I found him laboring under a fit of epilepsy, threatening apoplexy, from which on the same day he partially recovered, that is to say, towards evening he became sensible and could speak rationally, but with some difficulty, which he could not do immediately after the attack on account of a partial palsy under which he labored, and from which he was then gradually recovering. From that time I was with him almost constantly until he died. On the 2d he was totally conscious, and until the morning of the 3d, when he gave unequivocal signs of inflammation of the brain, and was completely delirious from that time until the next morning. From the morning of the 4th he commenced to have intervals of lucidity, and gradually recovered his consciousness until a few hours before he died, that is to say, that from the morning of the 6th until shortly before death, he was perfectly conscious and had no more fits. On the 4th, after the fits of excitement were over, he at times was able to converse, and when he did speak, he spoke as rationally as I have ever known him to do. He would frequently tell me to mind the time that he was to take his medicine, and if I was out of the way he would wait till I returned, and used to say that he would take his medicine only from my hand.

He would often ask me how I found him, and how his pulse was. He would sometimes ask me what I was giving him and what was the effect to be produced. I speak of the whole period covered by his last illness, with the exception of the period from the morning of the 3d to the morning of the 4th, when he was completely delirious.

It was towards daylight on the morning of the 4th, when he showed the first indication of returning consciousness. On the 6th, as I said before, he was quite conscious the whole day. On the evening of that day I had been attending him in his room, when several members of his family came in. I saw Mr. Hopkins, his Private Secretary, bringing in pen, ink and paper, and presuming there was some private business to be done, I retired to an adjoining chamber. The door between the two rooms was left ajar. The only thing I heard distinctly of what was going on in the other room which I had just left, was the names of four of the parties and the amount which I subsequently saw placed opposite their names in a memorandum laid upon a table near Sir George's bed, and I also heard Sir George say "yes," after two of the names mentioned, and "that's right," or "that's it," after the last name was called out, which was Murray's. This was the last name I heard, and I saw it was the last on the list afterwards. The four names I heard were Mr. Hopkins, the two ministers, Messrs. Flanagan and Simpson, and the said Murray. I heard a voice calling out other names, but as I was answering a question put to me by Mr. Simpson at the time, I did not catch the names at the time. The sums I heard called out in connection with the four names I heard were, Mr. Hopkins, \$5,000; Mr. Flanagan, \$1,000; Mr. Simpson, \$1,000; and Murray \$1,200.

I heard the titles and christian names of these four called out, as in the list contained in plaintiff's Exhibit, No. 5. In the room with me was Dr. Thorborn, of Toronto, who stood near the door. He came in after me. I do not know whether he was there the whole time or not. Mr. Simpson and said Murray were however with me the whole time, sitting in the same room. Dr. Sutherland attended Sir George Simpson, besides myself and Dr. Thorburn, for about the last two or three days. Dr. Sutherland came out every day to see him, at between six and eight o'clock in the morning. I was not there when he came on the last day, but I was told that it was on the morning of the 6th that he called for the last time.

Sir George Simpson died at between ten and eleven on Fri-

day morning, the 7th of September, and was conscious until within a couple of hours of his death. I left him at that time because I found that he had become perfectly exhausted, and that nothing more could be done for him. On the 7th, before leaving the room as above mentioned, I was speaking to Sir George Simpson, and from the way he answered my question I considered him still in possession of his mind. I asked him if he felt any pain, and he whispered in reply, "very weak."

On the 6th, before leaving the room, when his family came in, I had been examining him particularly, and found him perfectly rational. He conversed with some ease. The reason I examined him was, I had just been to supper, and Mr. Hopkins, on my return from my own house, asked me to go in to see Sir George and report particularly to him (Mr. Hopkins,) in what state I found him. That was about two minutes before I made the examination, which took about five minutes, and I then immediately left the room, as before stated. In Sir George's case there was nothing in his disease after the morning of the 4th, when the inflammation had commenced to subside to a certain extent, to prevent his having intervals of perfect lucidity.

*Cross-Examined.*—Sir George Simpson died from the effects of the disease I have above referred to, namely, inflammation of the brain, that is to say, he sunk from inanition produced by the attack.

During the 4th of September he had, I should say, a fit every hour or two, and they gradually subsided, having greater intervals between them, and finally ceased on the morning of the 6th, from which time until he died he had no fit.

Dr. Thorborn, consulting physician during Sir George's last illness, testified as follows :

I know the parties in this cause. I knew the late Sir George Simpson very well, whose executors the defendants are. I have attended Sir George Simpson professionally. I attended him in the year 1859 or 1860. I think it was in

1860. I had professional care of him at the time. I attended him during his last illness in September, of the year 1860. I came down from Toronto for the purpose. I arrived at the Hudson Bay House, at Lachine, where he was on the morning of the 6th of September, at 9 o'clock. And I attended upon him continuously until his death, which took place at between eleven and twelve on the morning of the 7th. In a deposition made by me at Toronto under a commission for Probate of Bequests, mentioned in plaintiff's Exhibit, No. 5, I stated that I was there on the 5th. This was a mistake. I arrived on the morning of the 6th.

When I arrived on the morning of the 6th he said: "My dear boy, I am glad to see you; when did you come down?" and then inquired after my wife and children, and made the remark, "You find me very low." During the day I was in attendance upon him, and along with Dr. De Couagne, administered remedies to him. He always required to know why and wherefore medicines were given him before taking them. His sense of hearing was very acute, and if any one came into the room he would ask who came, and if any remarks were made he would inquire what they were and repeat the question until answered. He was always conscious when he wished to evacuate the bowels or urinary bladder. This of itself would not prove that he was not in such a state, but taken in connection with other indications it would. I mean to say that he was always aware when he required so to evacuate. But this fact of itself would not prove that he was conscious. He was always inquiring, when I administered medicines why I did so, and also what effect I expected. Particularly on one occasion I remember when I wished to give him brandy, that he expressed himself opposed to the use of brandy, and it was not until I assured him that it was good, that I could persuade him to take it. I told him that it was of the brandy presented to him by his friend Matt Clark, he having inquired where it came from, and having objected that he thought I could get no good brandy. He then said he would take it, for it would be good if Matt sent it, as he kept nothing but that which was good. Frequently during his last

hours he expressed his opinion that he was very weak, and asked what I thought of his condition. During the time that I saw him he was at no time in a state of profound stupor until within a short time of his death, nor was he incapable of expressing himself. He was capable of expressing himself until within an hour of his death.

He seemed conscious, and although very weak, he was capable of hearing remarks and of asking questions. He asked at one time, and I cannot say whether on the morning before or on the morning of the day of his death, "where is Hopkins." He not coming immediately, he two or three times over repeated the question. Hopkins came, and he said "What were my last bequests?" Mr. Hopkins hesitated seemingly, wishing not to annoy him by answering. When Sir George again repeated the question hastily, and as though annoyed at his not answering immediately, Mr. Hopkins produced a pen, ink and paper, and wrote down names, and calling them over, asked Sir George if those were correct. He asked this after each name, and Sir George gave his assent. I do not remember the language, or in what form of words he gave the assent, but they were in the form of approval.

Mr. Hopkins afterwards asked him if he had anything else for him to write, to which he gave no answer.

As far as I recollect, this is all that occurred at the time. I took no notes. Being shown plaintiff's Exhibit, No. 5, I declare that the names therein written are the names of the persons read out by Mr. Hopkins on the occasion referred to. Certain amounts were also read out by Mr. Hopkins, but I cannot swear positively what were the exact amounts. The amounts mentioned in said Exhibit are somewhere about the amounts which were so read out by Mr. Hopkins. I remember hearing the figure five thousand read out, as connected with some of the amounts so read out. During all this time I considered Sir George's mind to be quite clear. Some of the amounts read out were less than five thousand, but I do not remember what they were. The only other medical person in attendance on Sir George during the time that I attended upon him was Dr. De Couagne. I did not



leave the house from the time I first attended upon Sir George, and I scarcely left the room. When I saw Sir George he was laboring only under great exhaustion, the result of some previous attack of the character of which I have no knowledge except from hearsay. His condition was such as is consistent with his having suffered from any severe attack of illness, including apoplexy. He was not laboring under insanity as generally understood, or under mental incapacity.

There is always more or less of suspension of the mental powers in an attack of apoplexy, which may continue or disappear.

*Cross-Examined.*—I was not related by marriage or otherwise to the late Sir George Simpson. I mean I am not directly, although distantly so. My wife is a daughter of a daughter of Sir George Simpson's. I can not state positively whether it was on the evening before Sir George's death, or the morning of his death, that Sir George called for Mr. Hopkins and made the bequests in the manner I have stated in my examination in chief.

On this occasion Sir George did not dictate these bequests, but as I said before, he asked Mr. Hopkins, "What are my last bequests?" and Mr. Hopkins called them out to him, and as Sir George assented to each, he, Mr. Hopkins, wrote it down on the paper that he had before him.

To the best of my recollection, Sir George in most of the instances, if not in all of them, assented in words to what Mr. Hopkins so called out, although it is possible that he may in some instances have assented by a nod of the head.

I cannot call to mind the express form of words that Sir George made use of on the occasion in question. I cannot from memory state the exact word or words that he used on that occasion, except that I know they were in approval of what Mr. Hopkins called out. Sir George did not call upon me especially to witness what was going on. I was standing in the room at the time attending upon him medically, that is to say, being his medical attendant I was present in the room at the time, but I was not there as a witness. I merely happened to be present when what happened took place. It is

proper to state that when Sir George pressed Mr. Hopkins, as stated in my examination in chief, Mr. Hopkins said, "Is it with regard to the clergymen and others?" and Sir George said "Yes," and Mr. Hopkins then commenced reading out the bequests.

Regarding the matter as a private one, I then stepped into the adjoining room with the Rev. Mr. Simpson and Dr. De Couagne. I was still within hearing, the door between the two rooms being only partially closed.

The persons left in the room when I went out were, Mr. Hopkins, Angus Cameron, his wife, and Sir George's daughter, Miss Margaret McKenzie Simpson, and I think also his servant James Murray.

Dr. Sutherland, who was called in as consulting physician in the case, testified as follows :

I know the parties in this cause. I was well acquainted with the late Sir George Simpson, mentioned in the pleadings in this cause, and was so acquainted with him for about twelve years preceding his decease. I had seen and prescribed for Sir George on occasions previous to his last illness, one of these a case of congestive apoplexy, on or about the 1st of February, 1860, from which he rapidly recovered.

Subsequently, during the summer, I prescribed for Sir George for symptoms clearly having for their cause head disease. I warned him of their significance and of the precautions and general regimen he ought to follow and pursue, and more especially, anticipating some such attack as eventually occurred, I advised him never to drive alone, in order that he might have ready aid in case of attack.

In the absence of his own medical man, on the 1st of September, 1860, in the afternoon, I was summoned to see Sir George. On reaching Lachine I found that Sir George had had an attack of hemorrhagic apoplexy, attended with epileptiform convulsions, several of which he had already had. He was then perfectly insensible, with imperfect paralysis of one side. Dr. DeCouagne was in attendance on my arrival, and

continued in that duty up to the time of his death, I being the consulting physician.

At that period I expressed the opinion that the case was one of great danger, and to Dr. De Couagne I explained my views, by saying that I anticipated inflammation of the brain, and that of the effects of such inflammation he would die, basing such opinion not only upon the case as it then was, but upon its previous history, to which allusion has already been made. We readily agreed upon a line of treatment, which was at once commenced and steadily pursued till the morning of Thursday, immediately preceding the day of his death.

On the 2d of September, I visited Sir George at an early hour, and found him, to common observation, better. There was, nevertheless, in his demeanor and language, the evidence that he was under the influence of incipient mental excitement, which I regarded (and told the doctor my opinion) as being the first stage of the true inflammation rapidly about to follow.

During the visit he was not only cheerful, but gay, even to jocularity and levity, apparently thoroughly indifferent as to his state, and yet declaring that he would be quite well the next day, and smoking his cigar.

On the 3d I visited him twice, early in the morning and late in the evening. The symptoms were now unequivocal. He had had scarcely any sleep, and had been delirious during the night, was laboring under delusions so strongly impressed that they became genuine hallucinations; though speaking to me fluently and apparently with correctness of his state, he informed me that he had died during the night, and that he had paid a visit to hell, and that he had found it a very agreeable place. The same hallucinations continued, I would say intensified, up to the last day on which he was able to speak to me.

On the fourth day I again saw Sir George twice, in the morning and evening. All the symptoms were aggravated. He had had maniacal delirium through the night. He had not only been delirious, but furious. He yet conceived himself to be dead, and pointing to Mr. McKenzie, who was in

the room at the time, he said, "It is a very sad affair. McKenzie has just died, and I have just seen two persons, a man and his wife," giving their names, which names I do not at this moment recollect, "they likewise dropped down dead. Indeed, I have never seen such an epidemic."

On the 5th, I visited Sir George once in the morning, and found him yet worse. He had had in the interval of my visit during the night, epileptiform convulsions. He had again been utterly unmanageable, had forcibly gone out of the room, and even, if I remember right, had gone down stairs. The old hallucination still prevailed. He had been killed, he then said, by the persons in the room, every one of whom had taken part in the murder. He said that he had been drugged to death likewise.

On the 6th I visited Sir George for the last time. Found him in a state of coma. He had had during the night involuntary evacuations, as evinced by what I saw in the bed. He was evidently sinking fast, and that opinion I expressed unhesitatingly to those in the room, even though one gentleman strongly expressed his opinion to the contrary. And this opinion of the rapidly approaching decease I reported next morning to his own physician, Dr. Campbell, who had just arrived from Cacouna, informing Dr. C. that he need not be in a hurry to go out to Lachine, inasmuch as Sir George would be either *in articulo mortis*, or absolutely dead before he could reach Lachine.

The persons to whom I expressed the opinion above mentioned, on the occasion referred to, were to the best of my recollection, Mr. McKenzie and the servant that always attended Sir George, and Mr. Hopkins, his Private Secretary. I am not quite sure about Mr. McKenzie being present, but I am quite sure Mr. Hopkins was, as he was the gentleman who strongly expressed his opinion contrary to mine, as above mentioned.

*Question.*—From all you know of Sir George's state of mind during his last illness, was he in your opinion, of a sound and disposing mind, memory and understanding at any time

on the 4th or 5th of September, 1860, and up to the time you last saw him?

*Answer.*—Never at any time during the period mentioned was he otherwise than unsound in mind. He had partial glimpses of what seemed to be rational moments, but if these were questioned it became speedily evident that they were illusory and fallacious, for unaccompanied by any other signs of physical improvement; indeed the very organ of reason itself being the one suffering disease, and which disease far from being arrested, was hastening to a fatal termination. Such transient and fitful manifestations of reason neither suggest cause for hope, nor supply arguments for dismissing alarm.

*Question.*—Considering the condition in which Sir George was on the morning of the 6th, and that he died before noon on the 7th, as you say you anticipated he would do, do you believe that he could have been of a sound and disposing mind, memory and understanding in the interval between your last visit and his decease?

*Answer.*—Keeping in mind the opinion which I entertained, expressed in my last answer, I cannot think it possible that he was.

*Cross-Examined.*—On my first visit I found him totally insensible. I remained with him fully an hour.

*Question.*—Is not the effect of apoplexy on the brain stronger at the beginning than at a subsequent period, when the patient survives six or seven days, as in Sir George's case?

*Answer.*—In Sir George's case the mental phenomena may be divided into two phases, the one directly caused by the laceration of the substance of the brain, occurring at the time of the attack; the second period or phase occurring as the consequence of the inflammation caused by that laceration. In the first of these states or phases the absence of consciousness is absolute and total. In the second, it is gradual and progressive, and proportional to the changes going on in the brain itself. Such change involving possible softening, the formation of pus and serous effusion, according to the duration of the disease.

On my first visit he was in the first state described.

On my second visit I reached Lachine about half-past seven, and I remained there about fifteen or twenty minutes, the medical man being there to give his report. Sir George conversed freely, and even volubly. I thought that his conversation manifested the elation and the excitement which precede aberration of mind.

*Question.*—By the conversation alone could you, or could any one there present, infer any derangement of the mind?

*Answer.*—Any person conversant with mental disease and affections of the brain, and of even common experience, would have entertained the opinion I now express.

*Question.*—Was it only from the elation and excitement which you mentioned, or did he, to your recollection, express any idea indicating any derangement? If so, please state them to the best of your recollection.

*Answer.*—I have already stated that in his state the disease of the brain was gradually progressive, and in proportion to the mischief produced; hence, therefore, the evidences of aberration were slight at first but easily recognized, such indications being the elation of manner, the excitement of his language and the positive indifference he entertained as to his state concerning himself with fearful unreason, to be not only better, but absolutely well, and never expressing the slightest anxiety as to his recovery; the circumstances being such that in a person of the meanest correct apprehension, alarm, or at all events, anxiety, would have been entertained. There are no particular expressions which I can call to mind on that morning which indicated of themselves aberration of mind.

My third visit was on Monday, the 3d, and must have been as early as half-past seven. I may have been with him from fifteen to twenty minutes. The symptoms I described as having occurred on the 3d, were manifest at the morning visit.

*Question.*—At what time did you visit him in the morning of that day?



*Answer.*—Eight or nine o'clock. I remained with him from twenty to twenty-five minutes.

*Question.*—What were the symptoms on that evening, had you any conversations with him, and on what subjects, and state it to the best of your recollection?

*Answer.*—The symptoms were similar to those of the morning, but worse in degree, the hallucinations were of the same character, and he was moreover apathetic. I had no other conversation with him than that occasioned by the professional examination, that I remember. I believe the same persons whom I have mentioned were present in the room, namely, Dr. DeCouagne, I think Mr. Hopkins was there, also Mr. McKenzie, and the servant man.

*Question.*—Do you recollect what question you put to him and what answer he gave you on that occasion?

*Answer.*—I cannot remember any special question concerning his case that I asked him. They all touched upon the state of his health; that I distinctly remember.

*Question.*—Can you state in what respect the answers he gave you established any hallucination on his part?

*Answer.*—The hallucinations which he manifested were spontaneously expressed, and not the result of any questions.

*Question.*—What were they on that particular occasion of the evening of the 3d?

*Answer.*—I have already stated that they were similar to those of the morning, but worse in degree.

*Question.*—Can you recall to your memory the particular hallucination which you remarked on that occasion? If you can, please do so.

*Answer.*—This question is likewise useless, inasmuch as in my examination in chief the detail is rendered. The hallucinations were constant, and not occasional as the question implies, became more fixed and unequivocal as the disease advanced, and consisted of the idea of his being dead, and that some persons about him were likewise dead. To all appearance, his replies to my questions were correct, but nevertheless, on comparing them to the evidence obtained from the doctor and those who nursed him, they were totally

incorrect, and were irreconcilable with the condition in which he then was.

On the 4th, I arrived at about the same hour and remained about the same time, both morning and evening. After seeing him on the morning of the 5th, I considered his case so hopeless that I considered it unnecessary to add the expense of another visit that evening, and I accordingly visited him on the morning of the 6th, which was my last visit. I did not witness the maniacal delirium, which I have referred to in my examination in chief, as having occurred in the night of the 3d and 4th. I learned of it from the attending physician, but I did witness a slight access of it on my visit on the morning of the 4th.

*Question.*—Was there any *post-mortem* examination made?

*Answer.*—No, not by me, and none that I know of.

*Question.*—Is it possible that the decease of the said Sir George Simpson could have been attributed, even with the symptoms you observed, to another cause than laceration of the brain?

*Answer.*—In my opinion, it could not be attributed to any other cause than to that which gave origin to the whole disease, the immediate cause being the hemorrhage, and laceration with the inflammatory process, and its termination as consequences thereof.

The first attack for which I saw him, in February, 1860, I took to be congestive apoplexy.

*Question.*—Is it not an established fact in medicine, that the same symptoms occur in hemorrhagic apoplexy, as in other diseases arising from other causes, such as affection of the heart, or exhaustion of the brain?

*Answer.*—Certainly not.

*Question.*—Is there not some disease called pseudo apoplexy, attended with similar symptoms, and originating from a different cause than the apoplexy you described?

*Answer.*—Certainly, there may be symptoms simulating real apoplexy, and such may have undoubtedly a different origin than that of Sir George's attack.

*Question.*—Do you believe that a medical man in constant

attendance near Sir George could not distinguish and ascertain lucid intervals between your visits?

*Answer.*—Most certainly, such a person, had any such lucid intervals existed, ought to have perceived, and doubtless did perceive them.

*Question.*—In cases of inflammation of the brain, or brain fever generally, is not its intensity chiefly during the night, declining after morning, and if the patient has lucid intervals is it not generally between morning and evening?

*Answer.*—There are usually, in all diseases, night exacerbations of the physical symptoms; with regard to mental phenomena, I am not able to say whether aberration, when it exists, is more complete in the night or in the day. I have seen cases where the periods of the manifestation of unsoundness were equally distributed during the day and night hours.

*Question.*—When a man has had maniacal delirium through the night, does he not manifest symptoms of it in the morning, which may subside, and even disappear, through the day?

*Answer.*—Certainly they may subside, simply because of muscular exhaustion; there can be no subsiding of the main disease in the brain, unless the party recovers, or the case be protracted. The course of disease is seldom perfectly uniform; but in Sir George's case it was singularly, accurately, and so to speak, logically progressive, so that it was impossible to have misinterpreted the symptoms, or to have drawn false conclusions therefrom.

*Question.*—Is the protraction of four or five days sufficient to allow the free action of the intellect during any moment?

*Answer.*—Not in a case like Sir George's, I should think, which was not protracted, but rapid and acute.

*Question.*—If it were not hemorrhagic apoplexy, do you believe that Sir George would have delirium alternating with lucid intervals?

*Answer.*—Had he had apoplexy at all, accompanied by symptoms such as those then present, any transient glimpses of reason would have been absolutely valueless, either as indicating a return to reason or to health; had Sir George's men-

tal condition been symptomatic of other and remote disease, and had he recovered, I would then very possibly have hesitated in clearly giving my opinion as I have now done.

The seizure of which Sir George died, occurred in his carriage while he was driving from Montreal to Lachine, about noon, from the report I have heard. I was not sufficiently intimate with Sir George to be able to speak accurately as to his ordinary temper of mind.

On the evening of the 4th, during twilight, he mistook me as I entered the room, for Augustus Heward. On my saying "It is not Heward, or any person so good looking," his answer was, "I don't know that."

On the morning of the 6th, I had no conversation whatever with Sir George, for he was in a state of *coma*, which is that of utter stupor

From the condition of his pulse and his general appearance, I considered him to be in a dying state, notwithstanding that I understood he had passed a good night, and had slept.

On my first visit, Sir George was bled, and I was satisfied with the result, as it seemed to stop the convulsions, and doubtless prevented the increase of the hemorrhage within the brain.

*Question.*—If Sir George had been previously to this attack subject to fits of apoplexy of a different nature to the one you represent, would it not be probable that the one you attended him for, was nothing but a recurrence of the former?

*Answer.*—Such might have been the case, but in this instance was not.

*Question.*—Are there not many cases recorded to your knowledge where a man, after a severe shock of apoplexy, recovered the apparent use and enjoyment of his faculties, spoke and acted rationally even the next day, remained subject to variations of health, and died on the fifth or sixth day afterwards?

*Answer.*—There may certainly be records of that description, but they offer no parallelism to Sir George's case, in which there was neither pause nor suspension of symptoms from beginning to end.

*Question.*—If you had remained constantly with Sir George, and found him after your second visit speaking rationally, and also on the second day and third day indicating, after 10 o'clock in the morning, unmistakable signs of intellect, would you have believed him notwithstanding unsound of mind, and not enjoying, at these moments, the use of his faculties?

*Answer.*—Most assuredly I would have conceived him of unsound mind throughout those two days, and the whole period of his disease. I have already stated that the glimpses of seeming reason were fitful, transient, and if relied on, fallacious, and affording no testimony in the slightest degree approaching to sanity. I think highly of the merit of Doctor De Couagne, the physician who attended Sir George with me. I am not as well acquainted with Doctor Thorborn.

*Re-Examined.*—A man may be conscious without being rational.

The deposition of Dr. DeCouagne has been read by me, and has also just now been read out to me, and also the deposition of Dr. James Thorborn, and I declare that their statements as to what Sir George said and did at times, when I was not present, do not in the least degree shake the conclusions I have come to, and the opinion I have expressed in regard to Sir George's state of mind, and in my opinion there could have been no state of perfect lucidity in Sir George's case from the time the inflammation of the brain manifested itself until the time of his death."

Besides this evidence, the following interrogatories were submitted to Dr. Workman, Superintendent of the Provincial Asylum at Toronto. Dr. Workman's replies thereto are subjoined :

*Number One.*—What is your name, age, profession, and place of abode?

*Number Two.*—Are you related, allied, or of kin to, or in the employ of any, and which of the parties in the title to these interrogatories named?

*Number Three.*—Read over carefully the Depositions made and sworn to in this cause and herewith forwarded, of William

Sutherland, Esquire, M. D., Alfred DeCouagne, Esquire, M. D., and James Thorborn, Esquire, M. D., and say whether or not, in your opinion, Sir George Simpson, in the said depositions referred to, was of sound and disposing mind, memory and understanding, at any time on the 3d, 4th, 5th and 6th days of September, 1860, and up to the time of his decease? And state your reasons for the opinions which you express.

*Cross-Interrogatories—Number One.*—Is it not the case that the symptoms described in the depositions of the three medical men referred to in the third main interrogatory, would indicate serous apoplexy as much as they would indicate sanguineous apoplexy? And in case of an attack of serous apoplexy, was not the treatment pursued calculated, in your opinion, to lead to a fatal result?

*Number Two.*—Would it be possible without a *post-mortem* examination, to say with certainty whether the disease was sanguineous or serous apoplexy?

*Number Three.*—Might not an attack of apoplexy which the patient survived for six or seven days, be followed by lucid intervals?

*Number Four.*—Judging from the facts and symptoms related in the depositions above referred to as accompanying the case of the late Sir George Simpson, might not the progress of his disease and its termination in death, be attributable to misapprehension of the disease, and the mode of treatment?

*Number Five.*—Might not the lucid intervals apparent to some of the witnesses, have been natural and real though the attack finally resulted in death from whatever causes?

*Number Six.*—Are there not cases on record of persons, who having had an attack of sanguineous apoplexy, enjoyed lucid intervals, though the disease terminated fatally after a short time?

*Number Seven.*—Is it not the case that the hallucinations referred to in the deposition of Dr. Sutherland, could have been the result of exhaustion from bleeding, or of other causes than the laceration of the brain, and if so, that Sir George Simpson might have had lucid intervals during the day?

*Number Eight.*—Is there not a pseudo apoplexy of which



the external symptoms bear a close resemblance to those of real apoplexy, but which proceeds from an entirely different cause, and operates in a different way upon the brain?

*Number Nine.*—Judging from the symptoms stated in the accompanying depositions, do you concur with Dr. Sutherland in his views of the pathological condition of the brain of Sir George Simpson, and in his idea of the treatment of the case with regard to bleeding?

*Number Ten.*—Are not the facts and conversations detailed in the depositions of Drs. DeCouagne and Thorborn prima facie evidence of the possession by Sir George Simpson of his mental faculties, and inconsistent with the theory of his state of mind as described by Dr. Sutherland?

*Answer No. 1, to Interrogatory in Chief.*—My name is Joseph Workman; my age is fifty-six years; my profession is that of a physician, and for the last eight and a half years, I have been the Medical Superintendent of the Provincial Lunatic Asylum at Toronto, where I reside.

*Answer\*No. 2, in Chief.*—I am not related, allied, or of kin to, nor in the employ of any of the parties in the title to these interrogatories named, nor do I know any of them.

*Answer to No. 3, in Chief.*—I have read over carefully the depositions made and sworn to in this cause by William Sutherland Esquire, M. D., Alfred DeCouagne, Esquire, M. D., and James Thorborn, Esquire, M. D., and after careful consideration of all the facts therein stated, I give it as my opinion that at no time from the day on which Sir George Simpson was seized with his last illness, to wit, the 1st day of September, 1860, up to his death, was he, the said Sir George Simpson, of sound and disposing mind, memory and understanding; and I state the following as my reasons for this opinion:

From the deposition of Dr. Sutherland it appears that about seven months prior to his last illness, Sir George Simpson had an attack which the said Dr. Sutherland regarded as congestive apoplexy, but from which he, Sir George Simpson, speedily recovered. Subsequently, during the summer, Dr. Sutherland deposes that he prescribed for Sir George Simp-

son, "for symptoms," as Dr. Sutherland states, "clearly having for their cause head disease." And Dr. Sutherland states that he admonished Sir George Simpson of his liability to recurrence of the apoplexy.

Dr. Sutherland further deposes that on the 1st of September, 1860, he was summoned to see Sir George Simpson, and that on arriving at Lachine, he found that Sir George had had "an attack of hemorrhagic apoplexy, attended with epileptiform convulsions, and that he was then perfectly insensible, with imperfect paralysis of one side."

Dr. DeCouagne, who saw Sir George before Dr. Sutherland, deposes that on the 1st of September, 1860, he was called in to see Sir George, and that he "found him laboring under a fit of epilepsy threatening apoplexy, but from which, towards the evening of the same day, he partially recovered, that is to say, so far as to be able to speak rationally, but with some difficulty."

Dr. DeCouagne's description of this attack is less pointed than that of Dr. Sutherland. Dr. DeCouagne does not designate the attack as apoplexy, but "fit of epilepsy, threatening apoplexy." Dr. Sutherland first saw Sir George in a subsequent period of the attack, when perhaps the epileptiform convulsions had subsided, and "insensibility and imperfect paralysis of one side," were the most attractive symptoms.

I attach much importance to the description of the first symptoms given by Dr. DeCouagne, which, in my opinion, with nice discrimination, Dr. DeCouagne has characterized as those of "a fit of epilepsy threatening apoplexy." Had I seen Sir George at the same time, I should, I think, have used almost the same words; and I should certainly have concurred in the opinion that the case was "one of great danger," for I would have felt certain that its termination would be fatal, though the period of death might be uncertain; and my experience in the treatment of similar cases would have established the conviction, that even were Sir George's life prolonged beyond this attack, he must pass into a state of deplorable and hopeless insanity. There is not on record a reliable instance of recovery from insanity, ushered in by, or in the

course of the malady attended with, the peculiar symptoms given by Dr. Sutherland and Dr. DeCouagne; and in all cases the patients sooner or later sink under the brain disease, which is the cause both of the bodily symptoms and of the mental infirmity. I am not prepared to affirm my concurrence in the pathological view of Sir George's case, expressed by Dr. Sutherland and Dr. DeCouagne, as to the truly inflammatory character of the disease of the brain, on the 2d, 3d, and 4th days of illness; and yet I have no other designation to offer, unless I should call it a *quasi* or *pseudo* inflammation, just as I should, I think, have termed both Sir George's attacks of apoplexy, *pseudo* or *quasi* apoplexy. There can, however, be no doubt of the fact that Sir George's brain was in a very dangerously diseased state; and it comports with my anatomical observation, in *post-mortem* examinations of the brains of persons who have died of disease similar to that of Sir George, that the more rapid the course of the disease to a fatal issue, the more formidable are found the marks of diseased action.

The mental condition of Sir George on the second day of his illness, exactly coincides with that which I have often witnessed in similar cases. Though on the first day Dr. Sutherland found him perfectly insensible and partially paralyzed, yet on the second "he was not only cheerful, but gay, even to jocularity and levity, apparently thoroughly indifferent as to his state, and yet declaring that he would be quite well the next day, and smoking his cigar." Here was inceptive insanity, of a form with which I have been but too familiar.

The hallucinations in Sir George's case, on the third and subsequent days, as described by Dr. Sutherland, are such as I have often observed in similar cases. I have heard a good many maniacs affirm they were dead, or had visited not only hell, but heaven also, and many other distant regions. The more extravagant the delusions or hallucinations, the more in harmony do I regard them with the terrible disease of the brain which gives birth to them. I do not say that all maniacs, showing strong delusions or hallucinations, have disease of the brain, similar to Sir George's; but I do say that disease

of the brain, similar to Sir George's, is attended with very strong hallucinations.

Dr. DeCouagne has not in his deposition, mentioned the hallucinations deposed to by Dr. Sutherland. He surely could not have regarded them as unimportant. I cannot understand how so valuable and salient a fact in the medical history of Sir George's case escaped his attention. I should regard such an omission by any medical practitioner, sending to me a similar case for treatment, as very undesirable.

Dr. Sutherland deposes that on the fourth day of Sir George's illness, he visited Sir George twice—in the morning and in the evening—and that on one, or both, of these occasions Sir George continued to manifest the same hallucinations as on the third day. Dr. DeCouagne, however, deposes that "on the morning of the fourth day, Sir George showed the first indications of returning consciousness." The use of these words by Dr. DeCouagne, clearly shows that Sir George's previous state was that of intense insanity; and when they are taken in conjunction with Dr. Sutherland's testimony, that the hallucinations still continued, on the same morning, or in the evening, they are of no value.

The evidence of Sir George's insanity, from the first day up to the morning of the sixth day, is, to my mind, entirely convincing; nor could any amount of testimony showing that, *at intervals*, Sir George was free from delusions or hallucinations, satisfy me that his insanity was absent on such occasions. It is a very common, but a very gross error, to hold that insane persons never speak or act like sane persons. The depictions of insanity, usually drawn by writers who do not copy nature, are but bloated caricatures.

"There are few cases of mania or melancholy," says Dr. Reid, "where the light of reason does not now and then shine out between the clouds. In fevers of the mind, as well as those of the body, there occur frequent intermissions. But the mere interruption of a disorder is not to be mistaken for its cure, or its ultimate conclusion. Little stress ought to be laid upon those occasional and uncertain disentanglements of

intellect, in which the patient is for a time only, extricated from the labyrinth of his morbid hallucinations. Madmen may show at starts, more sense than ordinary men." Few who live among the insane would dissent from the above words of Dr. Reid.

Had I, on the morning of the sixth day, been called in to see Sir George, at the time at which Dr. DeCouagne deposes to his perfect consciousness, and had I been put in possession of all the preceding facts of the case, as detailed by Dr. Sutherland and Dr. DeCouagne, I would have admonished Sir George's friends to place no reliance on his improved appearance, for insanity was still there, though perhaps not appreciable by them. Nor do I for a moment doubt, that in such an interview, had I so desired, I should very readily have substantiated the correctness of my views. Asylum physicians well understand how important it is to preserve in perfect calm their patients, in the interval between the paroxysms; and how deplorable are the results of disturbances at such times.

Dr. Sutherland deposes that on the morning of the sixth day he found Sir George in a state of coma, and that Sir George had passed involuntary evacuations in the bed. Dr. Sutherland says he considered Sir George as then sinking fast, and he left him in a comatose state. But notwithstanding this very unpromising condition, and notwithstanding the fact that Dr. Sutherland's prognosis of death was next day verified, the depositions of Dr. DeCouagne and Dr. Thorborn establish the fact that the coma passed off, and that Sir George became quite conscious, and so continued the whole day.

Now I must confess that were I to admit the accuracy of Dr. Sutherland's diagnosis of the case, and regard it as primarily one of hemorrhagic apoplexy, and subsequently of intense inflammation of the brain, I should be unprepared to admit the statements of Dr. DeCouagne and Dr. Thorborn, as to Sir George's condition on the sixth day, after Dr. Sutherland took leave of him in a state of coma, and apparently *in articulo mortis*. I believe that only by withdrawing Sir George's case from the rank in which Dr. Sutherland has placed it, and

installing it in the category of insanity, can all its symptoms and phases be accounted for.

It is to be regretted that no *post-mortem* examination was held on the body of Sir George. Had such been held, I am persuaded much valuable light might have been thrown on the case.

I have not found that, in *post-mortem* examinations of patients similarly affected, dying under my care, evidence of hemorrhagic apoplexy has been afforded, unless in cases in which coma proved persistent. I doubt not that in Sir George's brain abundant pathological evidence would have been found to account for the symptoms, and to convince any well-informed physician that death was inevitable, and cure of either the physical or the mental disease, was impossible.

In the testimony of Drs. DeCouagne and Thorborn, as to the apparent condition of Sir George on the sixth day, I find nothing incredible. These gentlemen may have regarded Sir George as in a state of mental competency; but they have stated nothing which shows that they subjected the patient to any test, by means of which they ascertained clearly the absence of delusional condition. It is my belief they abstained from perilous experiments, and in doing so they pursued the course which every discreet physician would adopt. Nothing can be more hurtful to the insane, in their calm intervals, than the recall of their delirium, by whatever agency. Sir George's condition was at this time critical in the extreme; and to have made even a gentle reference to his previous hallucinations, might have induced an exacerbation of his malady, which would speedily have closed the case. There is no evidence of any indiscretion of this sort. But nothing is better known to those familiar with the insane, than the tenacity with which, in the intervals called lucid, they still cling to their delusions, though they do not at these times manifest them spontaneously.

Dr. Thorborn, in describing Sir George's condition on the sixth day, uses the following language:

"He," Sir George, "seemed conscious, and although very weak, he was capable of hearing remarks and of asking ques-



tions. He asked at one time, and I cannot say whether it was the evening before or the morning of the day of his death, 'where is Hopkins?' He not coming immediately, he two or three times over repeated the question. Hopkins came, and he said, 'What are my last bequests?' Mr. Hopkins hesitated, seemingly wishing not to annoy him by answering. When Sir George again repeated the question hastily, and as though annoyed at his not answering immediately, Mr. Hopkins produced a pen, ink and paper, and wrote down names, and calling them over, asked Sir George if those were correct."

Dr. Thorborn, in his cross-examination, in reference to the above transaction says: "It is proper to state that when Sir George pressed Mr. Hopkins, as stated in my examination in chief, Mr. Hopkins said, 'Is it with regard to the clergymen and others?' and Sir George said yes, and Mr. Hopkins then commenced reading out the bequests."

The impatience in Sir George's manner, and his hasty repetition of the question, as to his last bequests, forcibly strike me as characteristic of insanity, in the interval of calm; and the hesitation of Mr. Hopkins in answering, goes to show me that he regarded Sir George's mind as in a feeble state; and when Sir George "repeated the question hastily," Mr. Hopkins acted prudently in meeting his wishes.

The terms of the question, "what are my last bequests?" taken in conjunction with Dr. Thorborn's detail of the transaction, suggest to me an antecedent fact which I do not find stated in the evidence before me; yet I consider its existence of much value in ascertaining the mental condition of Sir George at the time above referred to. It appears to me obvious that Mr. Hopkins had knowledge of a prior consideration of the bequests mentioned. Mr. Hopkins was able to mention, and to write down, or to call out, the names of the parties, and the several amounts to be bestowed on them, without present dictation from Sir George. It would, then, be important to know the time at which the inception of these bequests, or their previous discussion, took place. If their consummation on the evening of the sixth day, was the carry-

ing out of a purpose declared by Sir George before he became insane, this fact might be regarded as *prima facie* evidence of his present sanity; but if they stood connected with an expression of purpose or act, occurring after Sir George became insane, then it would appear to me a fatal morbid affinity existed.

Dr. DeCouagne states that at the request of Mr. Hopkins, on the evening of the sixth day, he made an examination which "took about five minutes," with a view to ascertain Sir George's mental state, and the result was that he, Dr. DeCouagne, "found him perfectly rational."

Dr. DeCouagne deposes that he made this examination at the request of Mr. Hopkins. Some uncertainty as to Sir George's mental state, at this time, seems to have existed; otherwise, why this special examination?

It is possible that Dr. DeCouagne may have satisfied himself in five minutes of the perfect sanity of Sir George. I should, however, have desired the advantage of a longer period. And I must state, that I should not, without extreme reluctance, have undertaken the task at all, for it would have been impossible thoroughly to perform it, without much danger to the patient.

It requires more than five minutes for an expert in insanity, even in cases less involved in stubborn negations than Sir George's, to elicit decided proofs of mental soundness.

I well remember a case of the same form of insanity as Sir George's, though of much slower progress, under my care in the Provincial Lunatic Asylum, in which there was presented one of those intervals of apparent rationality, which I apprehend would be designated in legal phraseology, a lucid interval. Its duration was much more than a few hours; it extended through several months. The patient seemed to all cursory observers quite sane. He pressed from time to time for discharge; but I was convinced he had disease of the brain in its primary stage, and that this disease must, at some future day, resolve into a sudden outburst of epileptiform convulsions, threatening, or inducing apoplexy. I persisted in my determination to detain him, avoiding, however, all interro-

gation or conversation which might annoy him or provoke a rehearsal of his former delusions. Finally, however, in response to a very earnest and calm appeal to my sense of justice and humanity, I alluded to his violence towards his wife before his admission, and asked him whether he would beat her again, after going home. His aspect instantly changed, and he evinced perturbation of mind. He replied he would certainly beat her, and she deserved it, for he had learned she had had two children since he left her. I told him this information must be false, and that I knew his wife's conduct to be perfectly correct. He said his information must be correct, for he had received it from an angel, who "came to his bed-side and told him all."

Now all the time of this poor man's long apparent lucid interval, he was, in all probability, receiving visits from beautiful angels, clothed in white; and to these heavenly messengers, (realities to him,) he possibly was indebted for much of that tranquility and amiability which characterized this period of his life. In perhaps a large majority of cases, insanity is a benignant visitation of Providence. Its victims, struck down under the mortal blow of epileptiform apoplexy, and henceforth carrying death in their brains, revel in delights beyond all the conceptions of poetic rapture; and hell itself is transformed into a paradise.

Of course, from the moment of my patient's revelation to me of the interview with the angel, I saw little lucidity in his case. He continued in the same state for some time longer, but was at length seized with those epileptiform fits, which I had anticipated. He recovered from them, but with mind and body shattered. He has had renewed attacks, but is still alive, and is the picture of florid health. His speech is gone, his limbs are partially paralyzed, his mind is a ruin, presenting not a vestige either of its pristine vigor or of its later visionary energy. His appetite is keen, and he will live until his paralysis lays hold of the muscles of deglutition and respiration.

Very few patients of the same class live so long as this man. He has now been upwards of four years in the Asylum

under my care. During this time he has been twice, as I thought, on the brink of death. A good number of the same class, admitted since his entrance, have gone to the grave. His fate is as certain as theirs; it is but a question of time. His disease is similar to that of Sir George Simpson. The difference is but in degree, not in essence.

Intense disease of the brain is incompatible with protracted life, and rapidity of course is a pretty reliable indication of the intensity of any disease. I can not believe that the case of my Asylum patient was not more favorable to the reliable testing of a lucid interval, than was that of Sir George Simpson; and certainly the duration of the apparent interval being so very much longer, afforded me an infinitely better opportunity of discovering latent insanity than Sir George Simpson's physicians had, on the sixth day of his illness.

In the year 1859, I had opportunity of observing another, and a notable case of intervening lucidity in a patient of a very different class, that is to say, one not presenting any of those symptoms which are regarded by experienced alienists as indicating brain disease, and consequently less incompatible with temporary suspension of insanity. This patient was a woman of former high intelligence. She had no epileptiform convulsions, no threatenings of apoplexy, no paralysis, no self-complacency, and no hopefulness. She asserted that she was dead, and yet affirmed that *she* never *could* die. She refused food, alleging the absurdity of trying to nourish a dead body; and yet, at times she would eat almost ravenously. She was fearfully suicidal, though continually asserting the impossibility of termination of her life.

During the summer of 1859, a former patient of the Institution, who had been discharged recovered, paid us a prolonged visit, and spent the most of her time with the lunatic referred to, who had formerly been her associate. The influence of the visitor over her old friend appeared marvelous. Though she had not left her bed for months before, she now got up regularly, dressed neatly, read much, went out frequently to walk, was permitted to go outside to church, declared herself happy in restored reason, and evinced exem-

plary piety. She repudiated all her former delusions, and everybody around her was delighted with the happy transformations, save myself and the assistant physician. We enjoined continued vigilance.

The issue was that this woman committed the most deliberate and awful suicide I ever witnessed or read of. She burned herself to death, and I was satisfied afterwards that throughout the entire period of her reputed lucidity, she had been plotting her own destruction, and must have spent several weeks in perfecting her stealthy arrangements. Nothing can be more absurd than to believe that insanity must always be raving.

I could furnish many additional illustrations of the unreality of those apparent intermissions or suspensions of insanity, which, by those who know little of the malady, or do not constantly reside amongst the insane, are designated lucid intervals. There is probably no term in the whole nomenclature of insanity on which the medical superintendents of Lunatic Asylums look with more distrust than on this one. Certainly, in any case in which has been presented unmistakable evidence of brain disease, (as was the fact in Sir George Simpson's case,) I should demand the most abundant and the clearest evidence of lucidity. That evidence has not been presented in the depositions of the medical gentlemen who attended Sir George Simpson.

Dr. Sutherland and Dr. DeCouagne both swear that Sir George died of disease of the brain.

Dr. Thorborn's deposition does not show that he had any decided views on the pathology of Sir George's case. He deposes that when he "saw Sir George he was laboring under great exhaustion, the result of some previous attack which" he, Dr. Thorborn, had no knowledge of except from hearsay. "His condition," says Dr. Thorborn, "was such as is consistent with his having suffered from any severe attack of illness, including apoplexy."

Dr. Thorborn further deposes: "He," Sir George, "was not laboring under insanity, as generally understood, or under mental incapacity." The general understanding of insanity

is very vague and fallacious; and mental incapacity is not negated by temporary absence of delirium. The mere cessation or suspension of delirium or delusion, in any case of insanity, is no proof of the absence of the malady; but especially must it be unreliable, in a patient who, only the day before, evinced the most extravagant hallucinations; who still continued the unrelieved victim of disease in the very organ whose healthy action is held to be essential to the existence and exercise of sound reason; and in a patient, who, next morning died, under that same disease.

I can discover in the testimony of the medical witnesses no facts unequivocally indicating sound mental capacity. Not an act is detailed, nor a word quoted, which I can hold as incompatible with existing insanity; and no detail is given of the tests to which Dr. DeCouagne and Dr. Thorborn had recourse, in order to satisfy themselves that Sir George's sanity was real, and not merely apparent.

My belief in the continuous insanity of Sir George Simpson, in his last illness, rests on the details of facts given in the depositions of Dr. Sutherland, Dr. DeCouagne and Dr. Thorborn; and my disbelief in the cessation or suspension of his malady, or in other words, in a lucid interval, at any time between the first day of his last illness and his death, is based on the same evidence, interpreted by the experience which I have had in similar cases, in a prolonged residence among the insane, and from a careful reading of good authorities.

All authorities concur in the opinion that a *considerable time* for observation is requisite to test and verify the fact of a lucid interval in insanity. No person well informed on the general subject of insanity, would assert that the time intervening between the last manifestation of insanity, deposed to by Dr. Sutherland, in Sir George's case, and his death, was a sufficient time; and I am persuaded that no Asylum physician of any experience in the care and treatment of cases, such as that of Sir George's, would expect that he could ever again become of "sound and disposing mind, memory and understanding."

That form of insanity which is characterized by epilepti-



form fits, threatening or inducing apparent apoplexy,—by partial paralysis, extravagant hallucinations, and blind indifference of the patient to his own shattered condition, is, by physicians of the specialty of insanity, universally regarded as incurable; and is, in truth, one of the standing reproaches of Psychological Medicine.

Sir George Simpson's case, was, in my opinion, one of this class. Just as firmly as I believe in the invariably fatal termination of the disease, do I also believe that after its full and intense development, the brain never regains a healthy condition, and therefore do I hold that, after such development, the occurrence of a truly lucid interval is impossible, and that in Sir George Simpson's case it did not take place.

*Answer to Cross-Interrogatory No. 1.*—I believe the diagnosis between sanguineous apoplexy, and those forms of brain disease, which have been designated serous apoplexy, is sometimes obscure; and if the adoption of the same course of treatment in the latter as in the former, leads to fatal results, I fear that the medical profession has not been faultless. I am not, however, prepared to assert, that the treatment appropriate in sanguineous apoplexy, must lead to a fatal result in all cases, or even in a majority of those cases, which are called serous apoplexy. In many cases of sanguineous apoplexy, instant death is arrested by bleeding, and other depletory measures; yet the patient may not ultimately recover, and *post-mortem* examination may show effusion of serum, into the ventricles of the brain, or over its surface. I think it is questionable, in such cases, whether the very depletion which saved the patient's life, in the apoplectic attack, may not have induced that morbid condition of the brain, which favored, or even caused the ultimate exudation of serum. But it would be very unjust in such cases, to ascribe the ultimate fatal result to the treatment. In many dangerous diseases, the adoption of bleeding is but the selection of the less of two evils. Had I been in attendance on Sir George Simpson, in consultation with Dr. Sutherland and Dr. DeConagne, I might have opposed bleeding; and if my advice had been followed, Sir George might have died

within thirty-six hours; but the actual issue of the case has shown that bleeding did not save him, and therefore its omission would have been wrongly blamed as the cause of death, under my course.

In attacks of apoplexy, similar to that of Sir George Simpson, I do not bleed; but the final issue is the same; my patients all die. I might, perhaps, in a few cases, avert death, for a brief period, by bleeding; but I might in others, hasten it.

Whether the disease, designated in medical books, under the term, "serous apoplexy," is identical with that of which I frequently find *post-mortem* evidence, in cases like that of Sir George, I am not prepared to assert. I apprehend, however, that it is; and if so, it is to be regretted that those authors who have written on it, have been but little acquainted with the pathological anatomy of insanity. It is my conviction, that, in not a trifling proportion of the cases, called serous apoplexy, there is present no effusion of serum; or, if any, not until very shortly before death.

*Number two.*—It may, in many instances, be very difficult, before *post-mortem* examination, to say whether the supposed apoplexy is sanguineous or serous. In Asylum cases, the great majority are serous. In the few sanguineous cases which have come under my observation, I have, I believe, found, on *post-mortem* examination, that my diagnosis had been correct.

*Number three.*—Before entering on my reply to this question, I could have wished to be furnished, by the framer of it, with his definition of the term, *lucid interval*. At the present day, the fact of intervening lucidity in mania, is, I think, almost universally repudiated by experienced alienists. In courts of law, or in works on jurisprudence, the term may still claim attention; but it is questionable if any one well acquainted with insanity, would regard its ignorance as an evil.

A French jurist, D'Aguerrean, sums up his definition of a lucid interval in these words: "It must be not a mere diminution or remission of the complaint, but a kind of temporary

cure, an intermission so clearly marked, as in every respect to resemble the restoration of health."

Lord Thurlow has given his definition in the following terms: "By a perfect interval, I do not mean a cooler moment, an abatement of pain or violence, or of a higher state of torture, a mind relieved from excessive pressure, but an interval in which the mind, having thrown off the disease, has recovered its general habits."

The phraseology employed by Lord Thurlow, in the preceding definition, must be abundantly satisfactory proof to any one familiar with insanity, that Lord Thurlow was speaking on a subject of which he knew very little; but I suppose his lordship's authority on the matter under consideration, is not held as very inferior; and as his lordship's definition may be as good and as clear as any other to be met with, I accept it.

Dr. Ray, late President of the American Association of Medical Superintendents of Insane Asylums, in his treatise on the medical jurisprudence of insanity, referring to the above definitions of D'Aguerreau and Lord Thurlow, writes thus: "While the doctrine of lucid intervals, as explained by the language above quoted, is upheld by scarcely a single eminent name in the medical profession, we find that their existence is either denied altogether, or they are regarded as being only a remission, instead of an intermission of the disease, an abatement of the severity of the symptoms, not a temporary cure."

Applying to the case of Sir George Simpson, either of the definitions of a lucid interval, by Lord Thurlow or D'Aguerreau, I think there is no evidence that Sir George Simpson, at any time during his last illness, enjoyed any such interval—certainly, Sir George had no intermission so "clearly marked as to resemble the restoration to health," either of body or mind; nor any in which "the mind, having thrown off the disease, had recovered its general habit."

The evidence of Dr. Thorborn and Dr. DeCouagne, goes but to show that there was "only a remission, instead of an

intermission of the disease, an abatement of the severity of the symptoms, not a temporary cure," and assuredly, this is not a condition in which a man can be said to be "of sound mind, memory and understanding."

I apprehend that no physician, with any considerable experience in the treatment of insanity, and especially of cases like that of Sir George, would expect that any person, suffering as he did, an attack of apoplexy with epileptiform convulsions, on 1st Sept., followed by unquestionable and intense insanity, and frequent repetition of the convulsions, could afterwards, whether within a few days or years, enjoy a real lucid interval, his mind could not "throw off the disease," and "recover its general habit," even in cases of less severity, in which the patients have survived many months. I have never witnessed such a fact. The apoplexy, or *quasi* apoplexy, of Sir George, was not, as I believe, the cause of his brain disease, but a necessary concomitant of it. It must, however, most powerfully and destructively have reacted on the brain; and the consequence of that reaction, was a sudden outburst of mania.

*Number four.*—The progress of Sir George Simpson's last illness, and its termination in death, may have been accelerated by the treatment; as, indeed, when death occurs in many forms of acute disease, it would be dangerous to assert, that it has been retarded by active treatment. But of the treatment pursued in Sir George's case, with exception of the bleeding, I know nothing. It is, however, quite possible, that Sir George's death might have occurred on the first or second day, had he not been bled. That he would die, at any rate, and under any form of treatment, I have not a shadow of doubt. I feel uncertain only as to the time.

*Number five.*—Had Sir George Simpson's attack not resulted when it did, in death, I am convinced he would have manifested insanity of such a character, and of such persistency, as would have dissipated all belief in lucidity of interval; and I cannot see why the occurrence of death, directly caused by disease of the brain, and closing the alleged lucid interval, should change my view of his real mental condition. The

cause of Sir George's death, and the cause of his insanity, were identical, to wit, disease of his brain. I cannot believe that this disease, whilst killing the body, was restoring the mind to soundness.

*Number six.*—I believe many persons have had sanguineous apoplexy, without becoming insane; and I believe that sanguineous apoplexy in the insane, is rare. I should, however, regard a case of insanity, preceded or accompanied by any form of apoplexy, as hopeless.

*Number seven.*—I cannot say that the hallucinations deposed to by Dr. Sutherland, were the result of bleeding; because I have often witnessed similar hallucinations in patients not bled. I do not believe the hallucinations resulted from laceration of the brain; for this is a morbid lesion which I have very seldom realized in *post-mortem* examinations of the brains of persons who had been affected similarly to Sir George Simpson; and in those cases in which I have realized it, the symptoms were different from those of Sir George's case. Indeed, it is my opinion, that laceration of the brain, with consequent necessary effusion of blood would have precluded the possibility of hallucination, or any other form of mental activity; such, at least, has been my own observation. I do not regard it as improbable that the periods of mental calm observed in Sir George's illness, may have been secured at the expense of loss of blood; and in this view of the matter, the occurrence of the hallucinations may be ascribed to the bleeding: as, without it, they might not have had opportunity for manifestation: that is to say, Sir George might have been dead. It is, however, very difficult for me to understand how any course of treatment, chargeable with the death of an insane patient, could have improved his reason. I feel perfectly assured that the bleeding did not produce Sir George's insanity; and if it killed him, it was a bad mental restorative.

*Number eight.*—Cases manifesting the recognized symptoms of real apoplexy, and ending fatally, are related by medical writers, in which *post-mortem* examination has failed to reveal effusion of any sort. The apoplexy observed in Sir

George's case may have been of this sort. Its operation on his brain, was, I think, different from that of ordinary apoplexy, but exceedingly similar to that which I have often witnessed in the insane.

*Number nine.*—The symptoms detailed in Dr. Sutherland's deposition, appear to me not those of an ordinary case of hemorrhagic apoplexy. I recognize in them, as I have before stated, apoplexy, or *quasi* apoplexy, of a very different nature.

I am aware that in this *quasi* apoplexy, bleeding has been a pretty general practice in Western Canada. I think, however, I should, myself, not readily have recourse to it; not that by abstaining from it, I should expect to save the patient, for I believe that impossible; but because I have seen very alarming seizures of this sort pass off without any very active treatment; though I confess I have seen one or two patients die in them; and then I felt inclined to believe they might have lived longer had I bled. But I suppose these disagreeable after-thoughts are common to the profession.

Dr. Sutherland has not deposed to his *idea* of the treatment of Sir George's case; therefore I am unable to comment upon it; nor, indeed, can I see any necessity for my doing so, were I in full possession of Dr. Sutherland's idea.

*Number ten.*—The facts and conversations detailed by Dr. DeCouagne and Dr. Thorborn, as appertaining to Sir George Simpson, in his last illness, are certainly of meagre amount, and of very slender character, on which to rest belief in Sir George's sanity. Of the few that are given by these gentlemen, I find not one that I am able to regard as a satisfactory negation of insanity. On the contrary, I perceive in several of them sufficient indications of still present, though abated, insanity; as, for example, Sir George's refusal of medicine, unless from the hands of Dr. DeCouagne; his acuteness of hearing, and his inquisitiveness, as to persons chancing to come into his room, and his repetition of the inquiry until answered; as well as his acute curiosity to know all that was said by those around him. His impatience on the occasion of calling for Mr. Hopkins, and his instant repetitions of the inquiry, and finally his listlessness at the close of the scene



of the last bequests, when Mr. Hopkins asked him if he had any thing else for him to write. These facts, in themselves, may appear too trivial for comment. To Dr. Thorborn and Dr. DeCouagne, they seem to have appeared as evidence of sanity, but to me they appear in natural and ordinary affinity with Sir George's previous maniacal exacerbations; and certainly I am not required, nor would it be just or philosophic to regard them in total isolation.

Dr. Sutherland's theory of Sir George's mental condition, in so far as it presents the case as one of incurable insanity, and, from its connexion with fatal disease of the brain, incapable of reliable lucid intermission, coincides exactly with my own views of Sir George's state of mind, throughout his last illness. Having, in previous replies, freely expressed my views on those points of the diagnosis and pathology of Sir George's physical disease, in which I differ from Dr. Sutherland, it is unnecessary here to repeat them."

Dr. Robert L. MacDonnell, of Montreal, to whom the evidence was submitted, testified as follows :

I am not related, allied, or of kin to, or in the employ of any of the parties in this cause. I am not interested in the event of this suit. I know the parties in this cause. I have been practising as physician and surgeon in this city nearly seventeen years.

*Question.*—Have you read the depositions of Doctors Thorborn, DeCouagne, Sutherland and Workman, given in this cause; and if so, state fully and at length your opinion of the nature of Sir George Simpson's disease described in those depositions, and of its effect upon his mental faculties?

*Answer.*—I have examined the evidence given in this case by Doctors Sutherland, DeCouagne, Thorborn and Workman, and I have arrived at the following conclusions: *First.* That the last illness of the late Sir George Simpson was not hemorrhagic apoplexy, that it was a form of cerebral disease common in old persons who are afflicted with disease of the heart, or disease of the blood vessels of the brain, and is usually produced in such persons by fatigue, excessive application to

business of an exciting kind, or exhausting influences acting on the nervous system. In such cases a train of symptoms frequently called pseudo-apoplectic, frequently supervene, and are sometimes ushered in by convulsions which assume an epileptic character, leaving the patient in a state of insensibility, with partial or complete paralysis of one side, and often with impairment of intellect.

Under appropriate treatment, the insensibility disappears, the motion and sensation of the paralyzed portion of the body are restored, and the intellect resumes its former vigor. I believe that Sir George's last illness, and all his previous ones alluded to by Dr. Sutherland, were of this character.

*Secondly.* That the treatment of bleeding and depletion generally, is unsuited to the case, and more likely to aggravate than to relieve the symptoms.

*Thirdly.* That it is inconsistent, however, with the supposition that hemorrhagic apoplexy existed, to believe that the mind would regain its vigor, and that the individual should be capable of performing acts requiring the full possession of his intellect even, although the disease might terminate fatally within a short period after such acts were performed. For it is observed that in true apoplexy the mental faculties may be fully restored though the individual may die within three days from the apoplectic seizure. Grissolle and other writers attest this fact, and it accords with my own experience, for I have witnessed cases where the mental faculties were completely restored shortly after the patient has recovered from the first shock of the disease. The hallucinations alluded to by Dr. Sutherland are such as frequently present themselves in cases of cerebral disease, and last sometimes for a few days, leaving the individual in the full possession of his mental faculties. I know of one remarkable instance illustrating this point. A military officer, charged with important duties in this garrison, had within two years of his death, (which was caused by a totally different disease,) many attacks of a pseudo-apoplectic character, attended with epileptiform convulsions, and leaving the mind in a very unsettled state. Whilst the intellect was deranged, he used to declare that he was dead, that he

had died during the night, and that his wife was dead, although standing by his side. And yet he used to recover quickly from these attacks, and resume the duties of his appointment the next day, and though these attacks were noted in the military case books, the hallucinations which occurred so frequently and were recorded so accurately, were never produced as proofs of his incapacity for duty. I do not attach any importance to the remark made by Sir George on the second day of his illness, "that he would be quite well the next day and smoking his cigar," as a proof of his unsoundness of mind. On the contrary, I regard it as indicating the restoration of his mental faculties, for he had also recovered from the partial paralysis and loss of speech noticed on the previous day. Those who knew Sir George intimately, would expect him to make just such an answer to an inquiry concerning his condition, and they will consider it in character with his usual mode of treating a serious subject, and as a proof that he did not consider himself in such danger as those around him did, and was determined to make a resistance to the disease that had recently prostrated him. He was a man of great energy and determination, and was just the person to fight against symptoms by others considered most alarming.

*Fourthly.* It is not in accordance with what is usually noticed in hemorrhagic apoplexy occurring in elderly persons "causing laceration of the brain," as believed by Dr. Sutherland to have been the diseased condition in this case, to observe such a sudden disappearance of the paralysis and rapid restoration of voice as took place on the second day of Sir George's illness. When paralysis follows an effusion of blood into the substance of the brain, or in other words, in hemorrhagic apoplexy, it often continues for the rest of life, and when recovery does take place, it is very slow and gradual; but the partial paralysis that follows an attack of epileptiform disease of the brain, not caused by hemorrhage, may continue for a short period only. Many eminent men, advanced in years, were subject to attacks similar to those of Sir George, yet were capable of performing important duties soon after they recovered from these attacks. In estimating the value of Dr.

Sutherland's testimony, it must not be forgotten that his opportunities for observation were not as ample as those afforded Drs. DeConagne and Thorborn, who remained day and night with their patient. His visits were made early in the morning and late in the evening, and lasted but for fifteen or twenty minutes, a period much too short, in my opinion, to have enabled him to master fully all the features of the case; particularly as regards the amount of mental capacity of the patient. In making these comments, I must be allowed to express myself with some reluctance, as the opinions I entertain are so completely at variance with those of an experienced physician, deservedly enjoying a large share of public confidence; yet as the ends of justice require that the truth should be established, I have no hesitation in repeating what I have already stated, *Firstly*. That I do not consider that Sir George Simpson's last illness was true hemorrhagic apoplexy attended with laceration of the brain. *Secondly*. That I do not believe that bleeding and depletion were the most appropriate treatment. *Thirdly*. That I do not consider that Dr. Sutherland's opportunities for examining the patient were sufficiently ample to enable him to arrive at an unerring conclusion concerning his mental state. *Fourthly*. That in my opinion, there may have been, and I believe that there were, many periods during his last illness, when Sir George Simpson was capable of performing acts requiring the full enjoyment of his mental faculties. *Fifthly*. That the hallucinations alluded to by Dr. Sutherland are similar to those that many persons labor under when suffering from the form of cerebral disease to which I have alluded, and which disappear very rapidly, leaving the person in possession of his mental faculties, and not preventing him from performing duties of an arduous and responsible character.

I have read the deposition of Dr. Workman as well—he coincides with me in doubting the accuracy of Dr. Sutherland's diagnosis, and also about the propriety of the treatment adopted—the rest of the deposition has little reference, in my opinion, to the case of Sir George. It is, in fact, a discourse on insanity, and would be equally applicable to the

case of any of the inmates of the Asylum of which he is superintendent. He does not appear to have taken sufficient account of the many conditions of the brain capable of cure under proper treatment, before the individual arrives at that state which he believes to have existed from the beginning of the disease in Sir George, namely, confirmed lunacy.

*Question.*—In view, then, of the facts stated in the depositions of the medical men, before referred to, do you believe it possible that, on the occasions when Drs. Thorborn and De-Couagne state that Sir George Simpson enjoyed intervals of perfect lucidity, he should not have been in full possession of his mental faculties?

*Answer.*—It is my opinion he must have been in full possession of his mental faculties on those occasions.

*Cross-Examined.*—In the prominent case of the member of the garrison to which I have referred in my examination in chief, the hallucinations lasted, as I was informed, a day or two, but he always recovered from them rapidly, so much so that on one occasion his attending physician had gone to his house to see him, and found he had gone to his office. He died of erysipelas of the leg, a disease which had no connection whatever with the brain attacks which produced the hallucinations referred to. I consider that the attack which Sir George had in February, to which Dr. Sutherland has alluded, was similar in character to the attack in September, but less severe. I do not consider that the prior attack was congestive apoplexy—the treatment, in both instances, believing as I do that disease of the heart caused both attacks by disturbing the circulation of the brain, ought to have been, in my opinion, counter-irritation with a cautious use of stimulants, particularly those which act on the nervous system and the functions of the heart, combined with rest and perfect freedom from mental occupation.

I consider that Sir George Simpson died from anæmia, or bloodless condition of the brain, causing a commencing softening of the brain, which would have ended in the formation of abscess or purulent infiltration of the brain. I do not think



that there was acute inflammation of the brain on the third, fourth or fifth days of September. I do not consider that he died from inflammation of the brain, but that he died rather from exhaustion of the nervous system, caused by anæmic or bloodless condition of the brain. The delirium, as described by the attending physicians, is consistent with the physical condition of Sir George that I have described.

*Question.*—On the presumption that Sir George was completely delirious from the morning of the third till the morning of the fourth of September, could he, by any possibility, be regarded as a man of sound and disposing mind, memory and understanding, at any time during that period?

*Answer.*—Not if he were completely delirious.

*Question.*—On the presumption that on the morning of the fourth, he showed indications of returning consciousness, but that he, nevertheless, continued to have fits every hour or two, until the morning of the sixth, when they ceased, the intervals between the fits being greater towards the latter period, is it possible that Sir George, early on the morning of the fourth, could be considered to have been a man of sound and disposing mind, memory and understanding?

*Answer.*—He may have been in that condition, but I should not consider that any act done at that time, unless confirmed by subsequent acts, when the symptoms of his disease had apparently abated, should be received without some doubt or hesitation. Much would depend on what he meant by "returning consciousness"—the term used by Dr. DeCouagne.

*Question.*—On the presumption that on the morning of the fourth of September, between half past seven and eight o'clock, Sir George was under the delusion that he was dead, and pointing to a person in the room at the time, he referred to that person as having just died, do you believe that Sir George could have been at that time of a sound and disposing mind, memory and understanding?

*Answer.*—Perhaps not, at that exact moment, but as these hallucinations are often of a transient nature, quickly disappearing, he may have been very soon after.

*Question.*—On the presumption that through the night pre-



vious Sir George had had maniacal delirium, and that he had not only been delirious but furious, and that the hallucination of his being dead was the same which he exhibited on the morning and evening of the third of September, do you believe that between the night of the third and the period above stated, of between half past seven and eight o'clock on the morning of the fourth, Sir George could have been of sound and disposing mind, memory and understanding?

*Answer.*—I do not think so.

*Question.*—On the presumption that the hallucinations referred to in Dr. Sutherland's deposition, instead of quickly disappearing, continued not only unabated, from the morning of the third till the morning of the sixth of September, but that they were intensified to that degree, that on the morning of the fifth he was under the delusion that he had been killed by the persons in the room, and that every one of them had taken part in the murder, and that he was under the further delusion that he had been drugged to death likewise, and bearing in mind the fits alluded to by Dr. DeCouagne as occurring during the interval, do you believe that at any time early in the morning of the fourth of September, Sir George was of sound and disposing mind, memory and understanding.

*Answer.*—If these hallucinations were permanent, and not provoked by injudicious questioning, or reference to the past hallucinations, I should think he could not have been of sound mind, memory and understanding at the period named.

*Question.*—Considering that Dr. Sutherland attests that when he visited Sir George on the morning of the fifth of September, he found him yet worse, and that Sir George had had in the interval between the coming of the fourth and that visit, epileptiform convulsions during the night, had again been utterly unmanageable, forcibly going out of the room and down stairs, and that on the morning of the sixth of September, Dr. Sutherland found Sir George in a state of coma, and that Sir George had had during the night involuntary evacuations, as evidenced by what Dr. Sutherland saw in the bed, and presuming all that Dr. Sutherland so attests was true, and on the presumption that the hallucinations

before referred to were permanent from the third till the morning of the sixth of September, and were unprovoked by injudicious questioning or reference to past hallucinations, do you believe that at any time between the morning of the third and the morning of the sixth, Sir George Simpson was of sound and disposing mind, memory and understanding, particularly when it is borne in mind that Dr. Sutherland's prognosis as to Sir George's death was confirmed by the fact of his death between ten and eleven o'clock on the morning of the seventh of September?

*Answer.*—Presuming that all that Dr. Sutherland has stated was correct, and uncontradicted by the evidence of the other medical men and of other persons connected with Sir George Simpson's establishment and family, I should say that he was not. But, as my view of the nature of the case differs, in some respects, from that of Dr. Sutherland, he may have been imperceptibly biased by a train of symptoms which would not have carried the same weight in my mind; and I am quite willing to admit that the data furnished from which to form a correct opinion may be insufficient.

*Question.*—At what period do you consider that the anæmia, which you state Sir George, in your opinion, died from, commenced?

*Answer.*—On the day of the attack—I believe caused by exhaustion of the nervous system, and I have been led to form this opinion from the history of Sir George's case antecedent to any of the attacks alluded to by Dr. Sutherland, and specially from what occurred the day previous to the last attack. This previous history, and what occurred previous to the last attack, I learned from one of his former medical attendants, and his personal friends.

*Question.*—When do you consider that the commencing softening of the brain, which you state was caused by the anæmia, began?

*Answer.*—I consider that it was towards the close of his disease, when he is described by Dr. Sutherland as having become comatose, a condition which may have been caused by commencing softening, or by serous effusion, which is a com-

mon termination of this condition. The natural result of such a state, as I have above described, is such as actually occurred in the present case.

*Question.*—Considering that the anemia was not only continuous, but resulted in softening of the brain, as you have above described, and that death speedily followed this last condition, would you consider that Sir George's brain was at any time during his last illness in a normal state?

*Answer.*—I have not stated that I believe that the brain was throughout the whole course of his illness in precisely the same anemic condition. On the contrary, I believe that there were intervals when the circulation was almost normal, and that during these intervals the brain performed its functions. I am led to this opinion by a careful examination of the details of Sir George's case and of cases almost similar. The delusions under which Sir George is stated to have been laboring, were, I think, caused by the anemic condition of the brain, and not by acute inflammation of the brain.

*Question.*—In view of the fact that Sir George's condition, instead of improving, was worse on the night of the 2d of September, do you not think that his imagining himself well on the morning of the 2d, so much so that he thought he should soon be smoking his cigar, was as much a delusion as his thinking himself dead at a subsequent period when he was alive?

*Answer.*—The contradiction between the evidence of Dr. Sutherland and Dr. DeConagne, the latter declaring that Sir George was totally conscious on the morning of the 2d, would lead me to suppose that his assertion that he was well was not a delusion, and the expressions correspond with his ordinary cheerfulness of character.

*Question.*—Was the result of the anæmic attack, which you state terminated either in softening of the brain or serous effusion, followed by speedy death, consistent with the idea that the attack of the brain was progressive, or otherwise?

*Answer.*—It is consistent with the idea of its being either steadily progressive or interrupted. I believe, of course, that the latter was the case from many of the phenomena presented

in the course of the disease, as the return of power and the return of reason.

I should like here to state that there is a point connected with Sir George's case, which has not been alluded to by any of the attending physicians, and that is as to which side was paralyzed. If the paralysis, mentioned on the first day, was on the right side of the body, the restoration of power to the right hand which would enable him to sign checks, accompanied by a corresponding restoration to reason, must be considered as indicating marked improvement in his state, and favoring the idea of lucid intervals in his disease. Of course, if the left side were the one which was paralyzed, and that motion had been restored to it at the same time that the mind appeared lucid, the evidence of improvement, though valuable, would not be so convincing as under the former supposition.

My belief is that the bleeding had an injurious effect upon his chances of recovery, and that it was calculated to depress the patient, the degree of depression being in proportion to the loss of blood, the exact amount of which is not noted.

*Question.*—Is depression from bleeding consistent with the idea that Sir George's saying on the second day of his illness that he would be quite well the next day, and smoking his cigar, was the result of his natural great energy and determination to fight against symptoms by others considered most alarming?

*Answer.*—It is consistent. In my opinion the cerebral attack was the result of long-continued disease of the heart, and I am led to this opinion from information given to me by one of his former physicians who attended him as far back as eighteen years ago, who has stated to me that Sir George was subject to frequent attacks of syncope or fainting; that he had a remarkably slow and irregular pulse, and that his experience of Sir George's constitution would have prevented him from using the lancet for any disease by which Sir George might have been attacked. The effect of this disease of the heart would be to interfere with the circulation of the blood,

when, from any cause, the power of the heart was diminished.

*Question.*—Is it not frequently the case that such a condition of the blood vessels, as you have described in your evidence, predisposes to their rupture?

*Answer.*—Yes.

Staff-Surgeon, Edward B. Tuson, of the district of Montreal, on the part of the plaintiffs, deposed as follows :

I am not related, allied or of kin to, or in the employ of any of the parties in this cause. I am not interested in the event of this suit.

I have resided in Montreal since May, 1859, and have during that time, been in the exercise of my profession here, as staff-surgeon.

*Question.*—Have you, in your capacity of staff-surgeon, any knowledge of the case of a military officer mentioned by Dr. MacDonnell in his evidence in this case given, who was subject to attacks of an epileptiform nature? and if so, state your knowledge of that case at length.

*Answer.*—The case to which, I presume, Dr. MacDonnell alludes, and of which I have some knowledge, is that of the late Town Major Macdonald, who was seized with an attack, returned and entered in the military case book as “apoplexy,” in January, 1859, by the then medical attendant. The medical officer making the return, enters at the same time in the book, that the case was not one of simple apoplexy, but partook of an epileptiform character. The patient has been, on numerous occasions, since then, affected by fits of an epileptiform nature, with apoplectic symptoms, marking a congested condition of the brain, such as drowsiness, insensibility, temporary coma, in fact. All these fits since May, 1859, (and there have been a good many of them,) took place under my own observation, that is to say, I was called in to attend him. On one occasion in November, 1860, he had a fit of which the attendant symptoms were contracted pupils, full and jarring pulse, severe pain on the right side of the head, and temporary coma, after which he became affected



with mental hallucinations. He fancied and declared himself dead, and when I asked him to take some breakfast, he said, how could a dead man eat. He also believed and declared his wife was dead, and talked of marrying again, though his wife was standing there in the room, and labored under various other delusions of a similar nature. On the 9th, which was three days after the attack, it is distinctly stated in my medical case book, "that he remains in full possession of his senses." My belief is that he recovered his senses on the 7th or 8th, but I have no note of the exact date, and cannot remember it. I mention this particular fit as a specimen of those under which he suffered. The others were much of the same kind. On the 25th of November last, (1861,) he had another attack noticed in my case book as similar, that is, attended with similar symptoms to the one just described, and hallucinations of the same nature. On this occasion he did not say he was dead, but conceived himself at the point of death, saying he would be dead in three minutes, that I had come just in time to see him breath his last, and that I must make haste to give him what I was going to give him, or he would be dead before he could get it. He was not suffering at the time from any pain except some on the right side of his head, and there was nothing to afford a ground for his remarks. It was simply an hallucination. On the following day, the 26th, he is entered in my case book as "quite rational and as usual after his attacks," and on that day, the 26th, he was at his office transacting his usual public business.

He had a number of minor attacks, during which he labored under hallucinations of various kinds for part of the night. He would get up and dress himself in the night, and prepared to go out on all sorts of imaginary business. To many of these attacks, I was not called in. On the next day after each, he would be quite unconscious of what had passed, and perfectly rational, and at his usual business. I cannot say whether these smaller attacks were accompanied with apoplectic symptoms or not, as they would not send for me till next morning, when he would be recovering from them, but on the other occasions which I have related, there were apo-



plectic symptoms, as I have described. The attacks generally ended in a deep sleep for some hours, after which he generally awaked quite rational.

*Question.*—In attacks of an epileptiform nature, such as you have described, attended with apoplectic symptoms, does the patient in your opinion and according to your own observation, recover the complete use of his mental faculties after the fit has left him?

*Answer.*—In this instance, the recovery of the mental faculties was certainly complete, but I would not like to make a general assertion to that effect.

The patient, in this instance, died of erysipelas, and the attacks I have mentioned had no effect in causing his death, which took place in January last, (1862.) He was perfectly sensible to the last.

*Cross-Examined.*—In Town Major McDonald's case, he always recovered his mental faculties after he awoke from the sleep which invariably followed the hallucinations. This sleep was a natural one. Although he thus recovered, he latterly complained that his memory was affected, and I wish to state with reference to the attack of the 6th of November, 1860, my impression is that his mind wandered for four and twenty hours after the sleep which followed the hallucinations.

*Question.*—In the case of a person attacked, say on the first day of the month at an early hour, with a fit, attended with epileptiform convulsions, with imperfect paralysis of one side, and perfect insensibility, who so far recovered as to be able to converse fluently on the morning of the second, but whose symptoms changed, so that on the evening of the second he became delirious, and had scarcely any sleep, and whose symptoms so far from improving, became more aggravated, the patient on the morning of the third, though speaking fluently and apparently with correctness as to his state, nevertheless informed his attending physician that he had died during the night, that he had paid a visit to hell, and that he had found it a very agreeable place; such hallucination continuing unabated through the fourth and fifth days until the morn-

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The patient, in this instance, died of erysipelas, and the attacks I have mentioned had no effect in causing his death, which took place in January last, (1862.) He was perfectly sensible to the last.

*Cross-Examined.*—In Town Major McDonald's case, he always recovered his mental faculties after he awoke from the sleep which invariably followed the hallucinations. This sleep was a natural one. Although he thus recovered, he latterly complained that his memory was affected, and I wish to state with reference to the attack of the 6th of November, 1860, my impression is that his mind wandered for four and twenty hours after the sleep which followed the hallucinations.

*Question.*—In the case of a person attacked, say on the first day of the month at an early hour, with a fit, attended with epileptiform convulsions, with imperfect paralysis of one side, and perfect insensibility, who so far recovered as to be able to converse fluently on the morning of the second, but whose symptoms changed, so that on the evening of the second he became delirious, and had scarcely any sleep, and whose symptoms so far from improving, became more aggravated, the patient on the morning of the third, though speaking fluently and apparently with correctness as to his state, nevertheless informed his attending physician that he had died during the night, that he had paid a visit to hell, and that he had found it a very agreeable place; such hallucination continuing unabated through the fourth and fifth days until the morn-

ing of the sixth, when his physician found him in a state of coma, the patient having had, during the night involuntary evacuations, as was evidenced by what the physician saw in the bed, and although the hallucinations did not subsequently exhibit themselves, nor the coma continue in a positive form, yet that he nevertheless died on the morning of the seventh, would you assimilate that case in any degree to that of Town Major McDonald, of which you have spoken in your examination in chief?

*Answer.*—I should certainly assimilate it very closely to the case of Town Major McDonald up till the morning of the sixth, when the patient is stated to have been found comatose. The cases terminating quite differently, the one by the patient completely recovering and going about his usual avocations, and the other terminating in coma, and followed next day by death. I wish to add that I am answering this question as suddenly as it is put to me, without giving the subject of it any previous consideration.

The effect of an anæmic attack is frequently to produce convulsions, and disordered functions of all sorts. The functions of the brain being disturbed by such an attack, would produce delusions or hallucinations as much as an attack of acute inflammation of the brain would do, or any other cause affecting gravely the circulating condition of the brain."

Upon the evidence we have given above, which comprises, we believe, the whole offered in the case, the decision of the Court was as follows :

MONCK, J.—*FLANAGAN vs. FINLAYSON AND AL.*—This was an action by the Rev. John Flanagan, of Lachine, against Duncan Finlayson and al, as the Executors of the late Sir George Simpson, to recover the sum of one thousand dollars, given by check, drawn to the order of the plaintiff on the 6th September, 1860. The defendants contended that the above legacy was null and void, alleging that the testator was not of sound mind at the time of making the codicil. The judgment of the court was as follows: Considering that it is not alleged, pretended or proved, &c., by the defendants that there

was any fraud or suggestion practised in regard to the gift or donation mentioned, and set forth in the plaintiff's declaration, or any improper influence whatever exercised over the mind of the late Sir George Simpson relative to the said gift or donation, the amount whereof is sought to be recovered by the present action; and considering that the defendants have not proved, by legal and conclusive evidence, that the mind of the late Sir George Simpson, at the time of making and signing the order or check, by the plaintiffs produced and filed in this cause, and at the time of making the donation or gift set forth was of unsound mind and incapable in law of making such gift or donation; and considering that the plaintiffs have, by good and sufficient testimony, established the fact that he was of sound mind, and capable of making the said gift or donation; the plaintiff having fully established the material allegations of his declaration; and considering that it is fully established by evidence on record that it was the will and intention of the said late Sir George Simpson, to make the said gift or donation, &c., &c. :

And the court, proceeding to adjudge upon the merits of the plaintiff's action and demand, considering that the plaintiff hath established by legal and sufficient evidence, the material allegations of his declaration, and particularly that the order or check dated 4th Sept., 1860, upon which the present action rests in part, was drawn and made payable to the order of the said plaintiff, at the request and by the order of the said late George Simpson: doth maintain the plaintiff's action, and doth adjudge and condemn the defendants in their capacity to pay to the plaintiff the sum of £250 (\$1,000) currency, the amount of the said gift or donation, with interest thereon from the day of service of process until paid, and costs of suit.

His Honor stated that his notes in this case were full, and would be communicated to the Counsel, and held that the action, which was against the Executors of Sir George Simpson for the amount of a check for \$1,000 in favor of the plaintiff, was well brought; that the *check* was a donation *inter vivos*, and was sufficiently accepted; that the deceased was at the time capable of making such a donation, had

recurred to its being made, and that from the intimacy between the *deceased and the plaintiff*, nothing was more natural than that it should be made."

We understand that this decision has been appealed from, and we sincerely hope that it may be reversed. We have placed all the testimony before our readers, and they can form their own opinion as to the correctness of the conclusions arrived at by the Court. For ourselves, we fully concur in the views of Dr. Workman. No one, we conceive, who has made insanity a subject of special study, and who is practically familiar with its manifestations, can, after reading the evidence above quoted, disagree with Dr. Workman's conclusion, that "at no time, from the day when Sir George Simpson was seized with his last illness, to wit, the first day September, 1860, up to his death, was he, the said Sir George Simpson, of sound and disposing mind, memory and understanding." Dr. Workman's reasons for this opinion are so full and satisfactory that any extended comment upon the case, on our part, would be superfluous. We may, however, add one or two observations.

It must create some surprise that no fuller testimony was taken in a case so important as Sir George Simpson's. The cross-examinations of the witnesses are in every case insufficient to test thoroughly the correctness of their observations, and, in several instances, unaccountably brief. As a consequence of this, there are many facts which would have an important bearing upon the questions at issue, which are but touched upon in the evidence. We have, for example, no testimony as to Sir George's previous mental state or moral tendencies, nor does it appear whether the donations made by Sir George were in accordance with his previously expressed wishes, or with the general tenor of his actions, yet both of these facts would throw light upon the character of Sir George's generosity during his last hours.

We think Dr. Workman's remark a just one, that "it is a very common, but a very gross error, to hold that insane persons never speak or act like sane persons," and it was just this



error which led to the decision in the present case. *All* the physicians, without exception, testify to the fact Sir George Simpson *died of disease of the brain*. This is not disputed. Yet, because at times, during the very period when the disorder was swiftly proceeding to its fatal termination, Sir George *spoke in a rational manner*, it was contended and believed that he was enjoying a "lucid interval." Dr. DeCouagne says "Sir George died of inflammation of the brain," and, at the same time, seems to think that the last stages of inflammation of the brain, ushered in by protracted convulsions and resulting in death, and attended, for the greater part of the time, with maniacal excitement, on the part of the patient, are no obstacle to intervals of "perfect lucidity!"

Dr. DeCouagne's testimony, especially, is incomplete and defective, in many most important particulars. His cross-examination was certainly not a searching one, consisting apparently of two questions. He does not allude to Sir George's hallucinations, yet it cannot be that he was ignorant of them, or attached no importance to them. He deals only in general expressions in describing Sir George's condition, and expressions, too, which are not remarkable for scientific accuracy. Witness the word "consciousness" in his deposition.

In these respects the testimony of Dr. Sutherland is much more satisfactory and more extended. The cross-examination to which he was subjected only served to give particularity and precision to his description of Sir George's symptoms and condition, which gives it additional weight.

Dr. Thorborn's testimony is necessarily of no great importance, as he was only present during part of the last two days of Sir George's illness.

We have read the evidence of Dr. MacDonnell with mingled feelings of surprise and regret. Surprise that a case of such importance should have been submitted to a person so manifestly unqualified to pronounce on its merits, and regret that the witness should have so far lost sight at once, of professional decorum and the questions involved in the case. His evidence, perhaps, needs no comments, as his cross-examination

quite disposes of the confident assertions of his examination-in-chief. However, we will briefly notice a few points.

As the attending and consulting physicians have not testified on the treatment of Sir George's case, further than to say that he took medicine and was bled, the extended criticism of Dr. MacDonnell to show that the case was mismanaged, is, to say the least, uncalled for. While disapproving of depletion generally in such cases, the quantity of blood taken from Sir George is not stated, and as the amount taken seems, from the evidence of his medical attendants, to have afforded temporary relief from the more alarming symptoms, we cannot say that it aggravated the case. Dr. MacDonnell deposes that "the hallucinations alluded to by Dr. Sutherland are such as frequently present themselves in cases of cerebral disease, and last sometimes for a few days, leaving the individual in full possession of his mental faculties," and to illustrate the statement, brings forward what he terms a remarkable instance. This illustrative case is detailed by Dr. Tuson. Any man of experience will see in the symptoms an ordinary case of epilepsy, and one not having the slightest similarity to that of Sir George Simpson's. Even Dr. Tuson, who probably would lay no claim to familiarity with mental diseases, states on his cross-examination that the cases were dissimilar in their progress and termination. And we might here remark, that while there is no reason to believe from the evidence, that Major McDonald was in full possession of his senses, there are instances, and some in distinguished persons, where epilepsy has existed a period of years without perceptible mental impairment.

Dr. MacDonnell's views of the pathological condition of the brain of Sir George, in the absence of what we would deem the only reliable data for a confident opinion, *post-mortem* examination, we do not think it worth while to discuss. His remarks too, on heart disease in old persons, with concomitant cerebral symptoms, though interesting, we cannot perceive have any bearing on the case of Sir George, if the physicians having charge of the case have presented the symptoms with any degree of fidelity. On this point, he

takes occasion to go beyond the record to fortify his opinion. He not only charges mismanagement of the case in endeavoring to sustain the theory he has announced, but when closely pressed, under cross-examination, declares, "I am led to this opinion from information given to me by one of his former physicians." While we are glad to have important antecedent facts, we do not think they should be hearsay and not under oath. To further sustain himself, he denies the medical attendants in charge the ability to perceive understandingly the symptoms. He says, "as *my* view of the nature of the case differs in some respects from that of Dr. Sutherland, *he* may have been imperceptibly biased by a train of symptoms, which would not have carried the same weight in my mind." If Dr. MacDonnell saw in Sir George's symptoms the case of Town Major McDonald, aggravated by improper treatment, we can readily perceive how he can differ from Dr. Southerland. Admitting (which we do not,) that the case was mismanaged through ignorance, the detail of facts still remains in evidence, and if the bleeding had aggravated the case, it could not, at the same time, have improved his mental condition. Admitting (which we do not) that Sir George, in accordance with the experience and observation of Dr. MacDonnell in other cases, might have exhibited a different train of symptoms under other treatment, and that the hallucinations might have passed off rapidly and left him not only with lucid intervals, but in the full possession of his senses, inasmuch as this did not occur, but that, on the contrary, the onset of the disease was violent and alarming, his convulsions continued from day to day, his hallucinations were not only persistent but intensified to the last, that a great part of the time he was under wild, maniacal delirium, are we not justified in rejecting his view of the case, and that he did not, with the additional antecedent facts he alludes to, understand the case better than Sir George's medical attendants? His persistence in ignoring the facts presented in evidence reminds us of the philosopher, who, on having his favorite theory confronted with facts, declared, "then, sir, so much the worse for the facts."

Before closing our remarks on this point, we would notice the reference which Dr. MacDonnell has made to the evidence of Dr. Workman, which with equal flippancy and ignorance, he designates "a discourse on insanity," which "would be equally applicable to the case of any of the inmates of the asylum of which he is superintendent." Dr. Workman's professional reputation is too well established, both in this country and in Europe, to render necessary any vindication on our part, of his familiarity with the "many conditions of the brain," premonitory of insanity, or other cerebral diseases.

It is hardly less than our duty to signify the regret which we have experienced in the perusal of the evidence of the plaintiff's witnesses, casually or otherwise, bearing on the question of Sir George's insane manifestations. Who that would restrict himself to the evidence given by Dr. DeCouagne, Dr. Thorborn, and the Messrs. Murray, McKenzie, and Hopkins, would have even a remote apprehension that any of the facts detailed by Dr. Sutherland had existence! Perhaps the ignoring of these facts is ascribable to the management of the case by counsel, rather than to any purpose of reticence on the part of the witnesses; but to whatever cause it may be ascribed, it is justly, so far as the verdict of public intelligence is concerned, a damaging fact. Doctors DeCouagne and Thorborn are both as mute on the subject of Sir George's hallucinations, as to his visitation of the infernal regions, and the epidemic which had recently augmented their population, as if the whole matter had been no portion of the history of the case; and yet Dr. Sutherland affirms that "the same hallucinations continued," even "intensified, up to the last day on which he was able to speak" to him. This was Sir George's mental condition on the 3d of September, when he signed the first check. Mr. Murray says he "would not pretend to say that Sir George was delirious, for he always spoke quite sensibly to him;" at all events, we suppose, he held Sir George to be perfectly sensible at the time of signing *his* check. He does admit, that on the "afternoon of the day on which the *last* checks were made out, he got out of bed oftener than usual." No doubt he did, and so, too, would Mr.

Murray have done had he believed himself to be in the same lodgings Sir George thought himself to be occupying.

We think very few of the readers of this JOURNAL, and especially of those engaged in the treatment of insanity, will fail to recognize, in both the physical and mental symptoms of Sir George's case, of disease preëminently fatal, and not consistent with lucidity of interval. There are certainly very few familiar with cerebral diseases, who will hold that mere reasonableness, or benevolence, of an act performed by a person suspected of insanity, is a sufficient negative of mental unsoundness. No fact, too, is better known to the whole specialty, than the concomitance of a spirit of enlarged benevolence with the most fatal forms of insanity.

The late decisions in the English courts have gone far towards establishing the doctrine, that whenever an absolute disease of the brain is proved, and it is shown likewise that, in any one particular, the person so afflicted exhibits insane delusions, he is legally incapacitated—that he can perform no legal act which shall be binding, even in reference to the subjects unaffected by his hallucinations. If this point was fully settled, it would be conclusive in the case before us. However, without invoking any such rigorous rule, it may well be doubted whether a decision which holds that a man, in the last stages of fatal disease of the brain, accompanied by persistent hallucinations, and who exhibits the delirium of active insanity is *compos mentis* at those intervals when he is able for a short time to speak rationally, is in accordance with the law of any civilized country upon the earth.

## SHAKSPEARE'S DELINEATIONS OF IMBECILITY,

AS EXHIBITED IN HIS FOOLS AND CLOWNS.

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LAUNCE.—Another shade of mental obtuseness and imbecility has been exhibited by our dramatist in the character of Launce, the clown *par excellence*, in "Two Gentlemen of Verona." Launce is not a character manufactured by a playwright—one of "nature's journeymen," to serve a particular purpose, but is a product of nature's own handiwork, and if not the most cunning, still, none the less genuine.

The close companionship which exists between him and his interesting dog Crab, is evidently one based upon a moral and intellectual fitness in the characters of the two. The clown is such by natural organization, and no education or change of circumstances or condition could make him otherwise. So the dog Crab, even with the "gentleman-like dogs" among whom he has thrust himself, under the Duke's table, is nevertheless the cur which nature made him; and we can scarcely conceive that even the cultivation of "three generations," which some high authorities have contended for as necessary to make a gentleman, would suffice to make either a courtier of the one, or a "gentleman-like dog" of the other. Like Justice Shallow and his serving men, the spirits of the two are so "married in conjunction" by constant intercourse that the one has come to conduct himself, in all companies, as a cur-like clown, and the other as a clownish cur, among all kinds of gentlemanly and well-bred dogs, whether spaniel, terrier, mastiff or poodle.

Next to the human associates a man takes into his confidence, nothing seems to furnish a more correct index to his character than the species of the canine race he selects as his companions. The grim looking, fighting bull-dog is found at the heels of the bully and prize-fighter. The dignified mas-



tiff and gentlemanly Newfoundland, guard carefully the vaults and premises of the stately banker. The gaunt hound is found in the train of the active, vigorous, fox-hunting squire. The poodle or spaniel, who trusts to his good looks and fawning manners to carry him through, is the combed, washed and petted companion of my lady, or the dandy who "capers nimbly in my lady's chamber," but the *cur*, who seems to be a combination of the evil qualities of all these, your "*yaller-dog*," so graphically described by the inimitable Autocrat in Elsie Venner, is found at the heels of the clown, and the nature of the relationship is nowhere so admirably depicted as by our poet in his delineations of Launce and his dog Crab. The one is as much the prince of curs as the other is the prince of clowns, and the inimitable curtain-lecture which is bestowed by the clown upon the cur in Act IV, Scene 4, has shaken the sides of all christendom for the last two centuries, and will continue to do so until a sense of the ludicrous ceases to be a characteristic of mankind.

The clown and his cur are first introduced to us in Act II, Scene 3, where the former depicts so vividly and dramatically the parting scene between himself and his family, and contrasts his own and their grief with the stoical indifference of the cur. He first calls especial attention to that extreme tender-heartedness which is a marked characteristic of the Launce family, and measures by the hour the time it will take to do his weeping.

If not a strong-minded youth, Launce is evidently possessed of that tender-heartedness which is a marked characteristic of "all the kind of the Launces."

"Nay, 'twill be this hour ere I have done weeping. All the kind of the Launces have this very fault."

These Launces are all "soft people." In other words, there is a "soft spot," or a "screw loose" somewhere in the minds of all of them; yet they are simple, good-hearted, amiable, harmless people, who cannot suffer to see a dog abused, even for such undignified behavior as Crab was guilty of when among the "gentleman-like dogs" under the Duke's table.

Launce, in his extreme goodness of heart, would sooner be kicked himself than see a "dumb brute" suffer, even though guilty. In a humane society for the prevention of cruelty to animals, all the Launces would be "burning and shining lights," and even ready to suffer to shield the brute, as Launce suffered for Crab.

"Nay, I'll be sworn, I have sat in the stocks for puddings he has stolen, otherwise he had been executed; I have stood on the pillory for geese he hath killed, otherwise he had suffered for it." (Act IV, Scene 4.)

The invective which the clown pours out upon the cur for his ingratitude, and his imperturbable stoicism in refusing his sympathy and tears in the parting scene, so touchingly and dramatically described in Act II, Scene 3, is richly humorous. His old grand-dam, "who having no eyes, had wept herself blind;" his mother had gone on "like a wild woman;" the maid had howled, and the cat wrung her hands, yet the surly and imperturbable cur, being "one not used to the melting mood," sheds not a tear or speaks a word. A decent, intelligent, "gentleman-like dog" might reasonably have been supposed to show emotion of some kind, for the scene, as depicted by the clown, must certainly have been sufficient to "make a horse laugh," if not to cause a dog to grieve. But perhaps Crab may have had the sagacity to perceive that after all, the weeping and wailing was only the manifestation of a very superficial sorrow, a grief quite shallow, like the minds of those affected. At all events, he must be a "prodigious son" indeed, and affected with a most prodigious sorrow, who can employ such figures in giving so minute and graphic a description of it. When he takes one old shoe to personate his father, and another with a "worser sole" to represent his mother, and his staff, "because it is long and white," to represent his sister, and his hat to represent Nan the maid, and makes use of such grand hyperbolical figures, such as laying the dust with his tears, filling the channel of the river with them if it were dry, that it would float his boat, the sails of which he could fill with his sighs, etc., we have a pretty correct gauge of the depths of sorrow such an imbecile clown is capable of. Like many in real life of the same mental pro-

portions, Launce is endowed with a certain kind of wit and humor, and this, as we are convinced, a careful and minute examination of Shakspeare's delineations will show, is ever entirely consistent with the general mental characteristics of the individual, and is made to flow naturally and easily from its source.

We are ever made to feel that the wit belongs to the character, as a natural and essential ingredient, and is not, as is sometimes the case with inferior artists, something merely engrafted upon it, for effect. The wit of Shakspeare, if we may use the expression, is always filtered through the mental alembic of the character he is depicting, and comes forth unalloyed—something which is recognized at once by all who have the knowledge necessary to examine carefully, as a genuine product—and though this is an object aimed at by all delineators of character, none have been so eminently successful, in everything they have attempted, as our great dramatist. His characters always appear to think their own thoughts, and speak their own words, without giving us the faintest impression that these thoughts and words are put into their minds and mouths by another. They are *their* thoughts and *their* words by natural, mental evolution. Some critics assert, we are aware, that Shakspeare sometimes causes his heroes and heroines to utter sentiments not consistent with their general, mental and moral characteristics, sometimes making them the media for the utterance of what has more the appearance of his own divine inspiration than the thoughts of his characters. This has more than once been pointed out as a blemish, or in the language of the critics, one of those "spots" to be found on the face of the great intellectual luminary.

We think, however, that a more careful study and examination of his characters will go far to remove this objection. It is only within the last few years that several of his higher creations have been at all understood, from a want of that scientific knowledge absolutely necessary to the proper understanding of them; and since, it is to be hoped, the reign of critical ignorance has well nigh ceased, the numerous "spots"

upon the face of the "luminary" have one by one disappeared; and this leads us to think that time and knowledge may cause the whole to vanish. The history of the critical investigations into the characters of Lear and Hamlet alone would furnish some curious illustrations of this.

Shakspeare was too good a metaphysician and psychologist to make any glaring errors of the kind referred to. And so great is our confidence in the keenness and accuracy of his metaphysical and psychological perceptions that, at the risk of being charged by such critics with a blind adoration of this great genius, we venture to assert, that we are not far from believing, that such psychological inaccuracies are scarcely in the nature of things, and in a large majority of instances, arise more from critical misconceptions than from error or mistake of the artist.

Shakspeare has ever been far in advance of all his critics, and if, as has been sufficiently shown, it has taken two centuries for them to discover a mere fractional part of what he appears to have known, we may reasonably suppose that it will yet take some decades at least, if not centuries, of critical, scientific and intellectual development, to comprehend the whole. Experience has amply shown, that, though humiliating, it is far safer to acknowledge our weakness, and the imperfection of our own vision as compared with his, than to employ ourselves in seeking to discover and point out the "spots" upon the face of the great luminary. In his works, like those of a still higher and more divine order of inspiration, much that is hard to comprehend must be reserved for the future to develop, for now, the feeble-eyed critic can scarcely "behold him face to face," but must contemplate him through the dim and obscure glass of his own comparatively imperfect perceptions.

But to return, after this digression, to the character we have been examining.

The humorous and bull-headed obstinacy with which Launce refuses to give Speed any knowledge of his master's amours, in Scene 5, Act II, except the same is wrung from him by a parable, is exceedingly characteristic of his lubberly

nature. After much circumlocution, and much teasing of his impertinent and curious questioner, he "caps the climax" of his mulish obstinacy by referring the whole matter in question to Crab, his interesting, intelligent, and ever-present canine companion :

*Speed.*—But tell me true, will't be a match ?

*Launce.*—Ask my dog ; if he say aye it will, if he say no it will, if he shake his tail and say nothing, it will.

*Speed.*—The conclusion is, then, that it will.

*Launce.*—You shall never get such a secret out of me but by a parable.

His humorous punning and play upon words is also quite characteristic, and shows that this faculty may be possessed in quite an eminent degree by those of quite inferior mental calibre, like Launce. The play upon the word "understanding," in the scene just quoted, though not the most brilliant, is nevertheless eminently worthy of the source from whence it proceeds :

*Speed.*—What an ass thou art ; I understand thee not.

*Launce.*—What a block thou art, that thou can'st not. My staff understands me.

*Speed.*—What thou sayest ?

*Launce.*—Ay, and what I do too. Look thee, I'll but lean and my staff understands me.

*Speed.*—It stands under thee, indeed.

*Launce.*—Why, stand under and understand is all one.

But Launce's most choice humor is always spent upon Crab, his boon companion, and the standing butt of his ridicule and invective. The dog appears to have possessed naturally, certain very unamiable qualities, even for a cur, which qualities the "precise" education of the clown seems to have been insufficient to correct. "I have taught him," says the clown, "even as one would say, precisely thus would I teach a dog." He had diligently sought to have him "one that takes upon himself to be a dog indeed ; to be, as it were, a dog at all things." But alas, the inherent cur-like qualities, natural to the brute, are ever prominent, and always thrust forward to the great annoyance of his master, upon every occasion when they should not be.

The unfeeling nature of the brute, and the ingratitude he



manifests for all the kindness lavished upon him by Launce, who "saved him from drowning when three or four of his blind brothers and sisters went to it," is always brought prominently forward by the clown in a manner so serious as to render the whole exceedingly comical. The clown's play upon the word "tide," in reference to the disposition of the dog, is about as rich and characteristic as anything:

*Panthino.*—Away, ass, you'll lose the tide, if you tarry any longer.

*Launce.*—It is no matter if the tide were lost, for it is the unkindest tide that ever any man tied.

*Panthino.*—What is the unkindest tide?

*Launce.*—Why, he that is tied here, Crab, my dog.

But the character of Launce would not have been complete if the poet had neglected to give us an insight of his amours. This he has taken care to do in the latter part of Scene 1, Act III. If, as we have already shown, the mental and moral characteristics of the clown have been most curiously illustrated in the selection of his canine companion, they have been none the less so in the selection of his mistress, who, if we may judge from that curious "cat-log" of her qualities produced by the clown and submitted to the inspection of his friend Speed, appears to have been about as well adapted to Launce as was the dog Crab himself. The principles which guided him in making his selection of a mistress, appear to have been the same as would have actuated him in the selection of a dog, or a horse, or a piece of property of any kind. In this respect, we fear the character of Launce, the clown, is by no means unique. The same presiding principles have undoubtedly actuated many a "marriage of convenience" among those who regard themselves, and are regarded by the world, as possessing far greater mental and moral proportions than Launce, and who indeed would think themselves hardly dealt by if all the characteristic virtues of genuine Christians were not attributed to them. Launce first proceeds to make, most systematically, a comparative estimate of the qualities and characteristic virtues and vices of his mistress, and here he lets slip a very quiet, yet significant inuendo, in respect to the kind of Christians here



alluded to. "She has more qualities," says he, "than a water-spaniel, which is much in a *bare Christian*." "Here is a cat-log," continues he, *pulling out a paper*, "of her conditions. Imprimis, she can fetch and carry. Why, a horse can do no more. Nay, a horse cannot fetch, only carry, therefore she is better than a jade." A most generous admission, certainly, as well as characteristic comparison, for, in the mind of the clown, a horse, dog and maid are readily associated, and it is hard to say which would take the first place in his affections. Launce appears to have chosen his mistress as the Vicar of Wakefield chose his wife, less for the eminence of her intellectual characteristics than for the durability of such gifts and qualities as were capable of being turned to some practical account in the conduct of life.

That she had had "gossips," and that her only title to "maid" was that she could "milk:" and that she was "her master's maid and served for wages," appears not to have troubled him, as was to have been supposed. With him this small "drawback" would not signify, when weighed in the balance, against her practical qualities. She could "sew," she could "knit," and she could "spin," and this last faculty would enable him to "set the world on wheels," for she could "spin for a living." She could "wash and scour," and this was a "special" virtue, for then she "need not be washed and scoured." And moreover, "blessings on her heart," she could "brew good ale," which in the eyes of the clown, was her most shining virtue, and one which he could turn to great practical account, for his appetite for *ale* was like to be one of great permanence, and therefore this most valuable quality must not be set down with those "nameless," those "bastard virtues," which have no fathers, but as a most especial offset to all these. And then as to her "vices, following close on the heels of her virtues," we will allow him to speak for himself, to show how his love, such as it was, could transform all these into most especial virtues:

*Speed*.—Item. She is not to be kissed fasting, in respect to her breath.

*Launce*.—Well, that fault may be mended with a breakfast. Read on.

*Speed*.—Item. She has a sweet mouth.

*Launce.*—That makes amends for her sour breath.

*Speed.*—Item. She doth talk in her sleep.

*Launce.*—It is no matter for that, so she slip not in her talk.

*Speed.*—Item. She is slow in words.

*Launce.*—O villain! that set this down among her vices. To be slow in words is a woman's only virtue. I pray thee out with it, and place it for her chief virtue.

*Speed.*—Item. She is proud.

*Launce.*—Out with that too; it was Eve's legacy, and cannot be taken from her.

*Speed.*—Item. She hath no teeth.

*Launce.*—I care not for that, neither, for I love crusts.

*Speed.*—Item. She is curst.

*Launce.*—Well, the best is, she has no teeth to bite.

*Speed.*—Item. She will often praise her liquor.

*Launce.*—If her liquor be good, she shall; if she will not, I will, for good things should be praised.

*Speed.*—Item. She is too liberal.

*Launce.*—Of her tongue she cannot, for that's writ down she is slow of; of her purse, she shall not, for that I'll keep shut. Now, of another thing she may, and that cannot I help. Well, proceed.

*Speed.*—Item. She hath more hair than wit, and more faults than hairs, and more wealth than faults.

*Launce.*—Stop there, I'll have her; she was mine and not mine twice or thrice in that last article. Rehearse that once more.

*Speed.*—Item. She hath more hair than wit.

*Launce.*—More hair than wit; it may be I'll prove it. The cover of the salt hides the salt, and therefore it is more than the salt; the hair that covers the wit is more than the wit, for the greater hides the less. What next?

*Speed.*—And more faults than hairs.

*Launce.*—That's monstrous. O, that that were out.

*Speed.*—And more wealth than faults.

*Launce.*—Why, that word makes the faults gracious. Well, I'll have her; and if it be a match, as nothing is impossible.

Launce, like many in real life, of far greater Christian pretensions, and of far greater intellectual, if not moral proportions, appears not to have been unsusceptible to the influence of money in the formation and direction of matrimonial alliances. With him as with others, wealth appears to have been a cloak, whose ample folds were sufficient to cover a multitude of vices, for though she have "more faults than hairs," the wealth was all powerful to "make the faults gracious."

But the last act of Launce's clownish imbecility is shown in Act IV, Scene 4, where the "foolish lout," as he is desig-

nated by his master, is sent to deliver the lap-dog to Madam Silvia, his master's mistress, and where, after he has suffered the hangman's boy to steal the gift from him in the market-place, the brilliant but dangerous expedient of substituting his own insufferable cur Crab, and offering him to the lady in place of the lost poodle, occurs to his mind :

*Launce.*—Marry, sir, I carried Mistress Silvia the dog you bade me.

*Proteus.*—And what says she to my little jewel?

*Launce.*—Marry, she says your dog was a cur, and curish thanks is good enough for such a present.

*Proteus.*—But she received my dog?

*Launce.*—No, indeed, did she not; here have I brought him back again.

*Proteus.*—What! did'st thou offer her this cur from me?

*Launce.*—Ay, sir, the other squirrel was stolen from me by a hangman's boy in the market-place, and then I offered her my own, who is a dog as big as ten of yours, and therefore the gift the greater.

After this Launce disappears forever, amid the fierce blaze of his master's indignation at his clownish stupidity, but happily not till he has uttered his famous soliloquy over his dog, at the opening of Scene 4, Act IV, commencing, "When a man's servant shall play the cur with him," &c., which, as a specimen of low clownish humor has never been approached, and perhaps never will be; not indeed, until, in the eloquent words of the late Dr. Maginn, "The waters of some Avon, here or elsewhere, (it is a good celtic name for rivers in general,) shall once more bathe the limbs of the like of him, who was laid for his last earthly sleep under a grave-stone bearing a disregarded inscription, on the north side of the chancel in the great church at Stratford."

The disregard of the inscription upon the humble tablet reared above the last resting place of all that was earthly of the bard is of little moment, when we remember, that while the dust it was meant to commemorate was animated by the spirit, there was reared, as it were unconsciously, a monument far nobler than the huge piles which mark the resting places of Egyptian kings, a monument of enduring thoughts and immortal words, and one which shall stand, not only when the "great church of Stratford" shall have crumbled into dust, but when all the "cloud-capped towers," the "gorgeous

palaces" and "solemn temples" which now adorn the proud isle which claims him as her master-spirit, shall be numbered among the things that were, having passed forever away,

"And like an insubstantial pageant, faded,  
Left not a rack behind."

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### THE GHEEL QUESTION :

FROM AN AMERICAN POINT OF VIEW.

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BY DR. J. PARIGOT, HASTINGS-UPON-HUDSON.

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Having left Europe about two years since, many publications on *Free-Air Treatment* and *Family Life* for the insane, must necessarily have escaped my attention. My efforts heretofore to elucidate the question of Belgian non-restraint in open asylums, and the interests of American asylums to be established at a future day on this principle, alike forbid my leaving these papers unanswered. Then, even here, a duty devolves upon me to examine the tendencies of these recent papers, to applaud the benefits they confer on a cause I had the honor to defend in Europe, in common with many physicians of great talent and experience, and to repel unjust criticisms of a system which is but the continuation of Pinel's idea, "the complete emancipation of patients from the prejudices of the dark ages." My interference, moreover, has another object. The Free-Air System will be much sooner adopted in rising and powerful nations, such as the United States, Brazil and those of Central America, than in Europe, where reform can destroy but slowly abuses which have crept up so gradually and so securely as to offer a strong resistance. There a reform must hurt many interests. Here, having nothing to do with persons holding lucrative offices, or with rivalries or hatreds; unknown, and free from the suspicion of private interest, I feel at liberty to fulfil what I consider a duty towards the insane.

I must in this paper, beg leave to employ the first person of the verb. This is not my fault, but since my first published opinions on Gheel, certain writers have, as it were, put me on the stand. According to some, very kind to me, I was the *propagateur de l'idée de l'air libre*; with others I was a benevolent but too ardent champion, or an aggressive writer inclined to mishandle those who regarded my views as erroneous, or failed to arrive at the same conclusions. Now, on the contrary, my friends praise me for my tenacity, which it appears has only affected my purse. In a paper by Dr. DeMundy, of Moravia, I am said to be the indefatigable advocate and constantly assailed champion of Gheel. In a note of the same paper may be read that "Professor Parigot, of Brussels, has sacrificed his position, his time, fortune, and medical practice, for the defence of Gheel and its system, and yet his professional brethren hurl reproach at him. Does it require a surer proof that he defends a great cause?" Then, in a recent article in the *Medical Critic*\* of London, I am spoken of

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\* "SING SING, N. Y., U. S., March 10, 1862.

"MY DEAR SIR, AND MUCH RESPECTED FRIEND:

"Your very kind letter of the 1st of February has been duly received; I remember also with much pleasure the too short time spent in your company, and do keep a vivid memory of your kindness to me. As you perceive, I left Belgium with my family, never to return to live in that country.

"I see with much pleasure that new asylums are under erection in Scotland, on the principles you advocated in 1860. I will be happy to hear of success in establishing this new form of asylums, approaching the system of real colonies; but allow me to say I do not think you or your friends will derive any profit from your visit to Gheel, whose great principle of devotion to humanity is fast declining in spite of the good will and the assertions of Dr. Bulckens in his last report. Anciently, as you know, great abuses existed in that colony; the peasant was *plundered* by the then existing brokers in lunatics; the form was generally bad, but, *individually*, charity was often a real fact; then, also, some cities and towns had honest supervisors in Gheel, who, by their dealings and doings, poured, comparatively, shame on the bad ones; it was a source of emulation and even of forced competition. When, in 1849, I was first appointed there, it required a long time before I could appreciate the real value, and its *relative effect utile* of such a colony. Its mechanism was simple, and to describe it I found no better expression than *air libre et vie de famille*. From that time my only aim was to develop and point out the morality and charity of such institution, and to make it the general principle of Gheel; and now, my best reward is to know and



kindly, but as being a *partisan*, (almost a guerilla among psychologists,) dead to European civilization. Might I not say to both,

Good Saint, and Devil!

Pray not so fast; you both outrun discretion.

I claim only to have advocated a principle which belongs to the public conscience, namely, that institutions for the insane, although making progress as regards material comfort and utility, are not yet what they ought to be, *hospitals for the cure*, and that a colony like Gheel, if established on therapeutical principles and design, might accomplish this object.

What may be expected from asylums is already ascertained. The modern ones of Belgium, France and Germany are very similar. The efforts and success of many of my friends who are at the head of these establishments, are very

to be conscious, that at least in that point I have been useful. In the plans explained in my little pamphlet on Gheel, an infirmary was to be built at a certain distance of the village (above a mile or more,) far from cafes and beer-houses, and that building was to be a simple reproduction, on a large and convenient scale, of a family mansion, being the center of medical action. Besides all things necessary for such purpose, I wanted large grounds, somewhat elevated, where I could have pure, dry air, and almost pure distilled water, from rivulets originating at the foot of sandy hills in the neighborhood, and that water in sufficient quantity for the bathing of 800 to 1,000 patients. Large fields should have belonged to the infirmary, and everything was to be so arranged as to permit an imperceptible transition from a large farm to an hospital.

"Now, my dear sir, under the inspiration of the late Guislain, who had quite different opinions on the utility of a colony, and was an open and honest enemy to Gheel, but the consequence of which was a mistake, and actually under the influence of some hypocrites, or *faux bons hommes*, as they are called, who knew very well that the surest means to destroy Gheel, is to alter its characteristics, they have built the *infirmerie*, you will have to examine, with its *cells Guislain, en forme de menagerie*, &c., &c., and established a *comité* which has the whole moral and material management of the colony. Inquire, if you please, of some Gheelois who are these men, their profession, avocations, &c., and perhaps you will find that they are the very land and house proprietors, notaries, shop-keepers, &c., who in reality divide amongst themselves the benefit of keeping the insane. There may be an attempt to make you believe that the physicians have the moral direction of the institute, but perhaps some will say the truth.

"Now, I can say that the *secret* of the future *Gheels* as colonies, or as *open asylums*, as I would call your modification in Scotland, depends entirely and from no other condition than the spirit of *justice and morality*, and *devotion* to humanity, of their superintendents. These fundamental principles should impregnate the



well known. Was it my purpose to slander them? Supposing that I was called here by one of the States to superintend an asylum, I am not sure that I could successfully imitate them. But nevertheless, in spite of being called a *dreamer* or *weak-minded*, I must state my convictions that such constructions and plans are opposed to real therapeutical success. Is it an axiom, that to treat the insane they must be quartered by hundreds? People suppose it is a great benefit to have large establishments capable of keeping and maintaining with comfort, one or two thousand patients. Now I would inquire if this is also for the interest of the patients themselves? I believe not, and to substantiate my opinion, I need only open the reports of superintendents and commissioners in lunacy in several countries. As a member of the board of inspection of lunatic asylums, I criticised some establishments which were mere mercantile enterprises. Did I mean to attack certain of those proprietors, professional men of high merit, or laymen who accomplished all their duties? Not at all; my reproaches were directed to those mongers in lunacy who had undertaken the care of the insane only

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atmosphere of the asylums, farms, or cottages. The next great necessity, as you are well aware, is the choice of proper individuals as *attendants*—*nouriciers*, &c., as you may call them.

"I need not to mention the *great art* and *difficulty* of adjusting the various qualities and even *defects* of the sane and insane persons who are to live together. All these considerations lead me to say, that, if I had the charge here or anywhere else to establish such colonies, I should, first of all, instruct a small number of attendants (saturate the air with good principles,) who would instruct and show the example to others, and then afterwards gradually admit the patients. It is a very difficult period to pass, but once the machine is set to go on good principles—its *effets utiles* being perceptible to all—every inmate, in his capacity, will help the regular action of the institution.

"To resume. I believe that Gheel, changing its characteristics, is still the most imperfect of asylums, especially when compared to your beautiful asylums. It declines as a colony, because it loses its original simplicity, and, in some degree, devotion to the insane. Now it is in the hands of *doctrinaires*, without principles but that of filling their pockets. It is true they have the numerous *reglements*, but they will never do until the colony is not an asylum.

"J. PARIGOT."

"P. S.—Our political sky becomes clearer for the present, but I fear the heaping up of difficulties between this country and Europe for the future."

with a view to the profit of their purse, and whatever their profession, or their rank in society, whether priest or monk, I did my best to unveil their inhumanity and hypocrisy.

As I have just said, I knew the value of asylums on the continent, but had not seen those of Britain; I therefore visited this kingdom before leaving Europe, to examine its institutions, and (as has been remarked,) to find an opportunity to preach a bloodless and philanthropic crusade against *prison asylums*. And this calls to mind my embarrassment and failure as an orator, and also reminds me of the kind reception I met in Scotland and England. My aim in visiting British asylums had naturally a connection with the question of Gheel. English non-restraint was to be compared with the Belgian Free-Air System. Some of my notes during that trip may serve as an introduction to the subject.

The first English asylum I visited was the Retreat of York, a sort of private institution for Quakers, which nevertheless admits boarders of other denominations. House, halls, apartments are clean, comfortably, and even richly furnished. The doctor was absent and at the sea-side with some of the boarders. Excellent! But those who were alone in beautiful rooms, or those assembled in day-rooms, could nothing be done for their mental comfort? I remember a young idiotic female sitting helplessly in a hall, another young lady (she was violent,) in a cell, and a lypemaniac who had retired to her apartments, where of course, she was left entirely to her own fancies. The opening, shutting, and locking of doors irritated the patients, and the appearance of a stranger excited the male department. This was sufficient to show me the advantage of the family life. In this beautiful house the comfort was complete, and so far as I could observe, the non-restraint system faithfully practiced, still the moral state of the inmates, their personality, appeared to me in an inferior condition compared with all the comforts that surrounded them. I have not the slightest doubt that the great advantages of the Retreat of York are medical care and knowledge, and also the occasional intercourse with society at large, outside the house.

I was much pleased with my visit to the Glasgow Asylum at Gartnavel. This institution possesses a peculiar charter, and the administration of its affairs is left entirely to the superintendent, under the inspection of a council named by the board of aldermen of Glasgow and Paisley ; the whole is inspected by the commissioners of lunacy in Scotland.

To a stranger entirely unacquainted with British institutions, there are facts which, by their peculiarity may reveal to him some secret conditions of their mechanism. For instance, he may sometimes infer and judge from the tone, manner, and importance of a porter, the character, good taste and judgment of the board of directors, and further of the by-laws enacted by them, whether they be liberal or narrow-minded. Sometimes a well-nourished voice that bellows from the porter's lodge, "What do you want?" foretells the sort of power which speaks through him. If admitted, you will find on your way all sorts of warning and exhortations, such as "By order of the committee defence — of — to do this or that." The concealed *Deus ex machinâ* is felt everywhere, but the charitable spirit seems indeed absent. There also the medical power and action are limited and inefficient. In such institutions we may be sure to find the physician but a tool, dependent upon caprice, ignorance and vanity. This certainly is not the case at Gartnavel, where the superintendent is one of the governors. I believe that with such an arrangement the superintendent is none the less under the necessity of controlling his acts, and of submitting them to the decision and approval of the board. A seat in the council not only gives to the physician an opportunity of hearing and answering all the observations on his management, but he is better able to accomplish the purpose of the hospital, i. e. the cure of insanity, and having taken part in the deliberations and voting, and fully comprehending the decisions of the board, he can as its agent, carry them out more effectually. It is of course, to be presumed that when a vote is to be passed upon himself, the physician will have the good taste not to participate in it. It must be felt that the moral status of the superintendent of Gartnavel or a similarly organized asylum, gives at once the

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confidence and respect of all other officers, and exerts a peculiarly happy influence on the patients. Considering these conditions, I soon understood how Dr. Mackintosh had been enabled to do so much good, and why Gartnavel, although laboring under the difficulties of confined yards, high walls, unemployed hands and an imperfect system of non-restraint, was still a beautiful and serviceable institution for the poor and the rich.

Afterwards I saluted you, beautiful and proud city of Edinburgh! It was with heart and mind full of Walter Scott's descriptions that I perambulated its splendid natural and historical monuments. West of the Scotch empire city, amid the peculiar scenery of distant trappean hills, is placed the Morning Side Royal Asylum. Why has its architect not been inspired by the greatness of the surrounding landscape? At all events, the actual superintendent, Dr. Skae, of European reputation, has already shown in the erection of the new buildings of the asylum, that the conditions of aeration and ventilation must in some respects be an imitation of the high and lofty ceilings that hang over the surrounding hills. The Morning Side Asylum has nearly exhausted all known or conceivable appliances for the mental and bodily comfort of the insane. For the body, labor in and out of doors, and workshops of all kinds; for the mind, various recreations, the school, the lecture-room, the theatre, and the publication of the *Mirror*. Next come excursions, trips, parties, &c., which act as springs to animate a sort of conventional life, and excite and encourage what is most needed, where a large number must act as dead weights upon the convalescents, namely, a feeling of *hope*. At least, the Morning Side Asylum is (to its fame,) the beloved retreat of many a mental sufferer, who in approaching insanity, or in the relapses of the disease, begs to be admitted.

In some of my criticised articles, I have said what I now repeat, that the music and ball-room may serve as an adjuvant in some cases of convalescence, but it remains to be seen whether the moral effect is not greater on public opinion than on the patients. Be this as it may, Morning Side, like many



other non-restraint asylums, requires the use of cells. If it be said that I never asked questions about the maniacs who were *non-restrained* in cells, I answer that I read their history in the oak doors on which their finger-nails had left numberless marks.

The non-restraint system is certainly a great advancement in psychiatry. It has the great advantage of freeing from coarse treatment those who are able to appreciate kindness, is a diminution of violence, but still the *cells*, and especially the kind proposed by the celebrated Guislain, serve to *concentrate* mental irritation, whereas free-air has the power of dissipating it.

I visited the Morning Side Asylum with an ardent desire to make the personal acquaintance of Dr. Sibbald, the learned author of a paper on Gheel. I have since learned that he had been offered the superintendence of an asylum, but he will, I doubt not, like the honorable Billi, Mundy, Pi-y-Molist, Pyjadas, and many others, maintain the independence of his opinions on progressive psychiatry against the prejudices of our powerful adversaries.

During my visit to Scotland it was my good fortune to be guided by an eminent authority in our department of medical science, Dr. W. A. F. Browne. In a former paper I had made an inoffensive allusion to his opinions on Gheel, as recorded in a German diatribe against the Free-Air System. During my short stay in Scotland I had there to receive this honorable gentleman's kind protection, and subsequently to bear his sharp fire concealed in a mellifluous article entitled "*Cottage Asylums*," in the *Medical Critic*, 1861. The discussion on Gheel will afford me ample opportunities to return the fire. Now, I have only to remember his good and efficient protection. To enable me the more readily to form an opinion as to the feasibility of implanting the Belgian system in foreign countries, he gave me letters of introduction to visit, first, a poor-house, having a ward for insane paupers; secondly, a private institution for the poor, or those of small means; thirdly, a private institution for rich patients; and lastly, a letter to the visiting officer of poor lunatics considered harmless, and boarded by

peasants in a village. Without these instructions and recommendations, my object had been very difficult if not impossible to obtain, but the introduction of Dr. Browne, who is invested with the high office of commissioner in lunacy, made me welcome wherever I presented myself. The poor or work-house afforded proof of the unsuitableness of such a place for medical purposes. When will social science be able to prevent the adoption of a policy which, although well intended, in the end actually augments the burden of public charity? The asylum for the middling classes was clean but somewhat crowded, and had in the male department a rather repulsive aspect. Still, all the inmates were kindly treated, and appeared satisfied. The private asylum was especially intended for the rich, and closely resembled similar institutions in Belgium, the difference being only in the respective national ideas of comfort. I may call this private asylum the beautiful combination of some capitalist, whose principal object is to make money. The physician receives probably some fixed salary, besides having an interest according to the number of patients in the house. Agitated maniacs are shut up in cells, the windows are barred, bolts and locks secure the presence of the boarders when they meet in day-rooms or beautiful parlors. I found everywhere alike the *cunui* which pervades such establishments. The beautiful gardens are kept with the greatest nicety, and the gentleman who took the trouble to show me round, reproved the driver of my hackney-coach for having given hay to the horses within the premises.

The village I visited has about one hundred and fifty houses, some being poor cottages, but an air of quietness reigned in its streets. The officer to whom I was recommended was very serviceable, and took me at once to see a chronic maniac. We found the house shut, but the patient was at a neighbor's awaiting the return of his landlady from town. He was a young man, meanly clad, but his face announced satisfaction, a feature rarely found in shut-up establishments, but common at Gheel. Then we went to see a patient who was periodically affected, as I was informed, and who, *mirabile dictu*, was left to the care of his wife, and she confined to her bed

with a cancerous affection. The mad-man was out at his work. The third free patient was a woman, a lypemaniac. I wish I might here present Walter Scott's description of those hallucinated old women, who were anciently regarded as witches. It would apply to the aged country-woman I saw, with flowing gray hair, and curious dress, and absorbed in her delusion. She was cooking something over a small fire, and the room was in accordance with her person. She took not the slightest notice of our presence. Still I cannot infer that she was not much more happy than she would have been in the best asylum with one condition only, that she should be kindly treated by her keepers, and I was told that she was so.

I know that this element of self-satisfaction or enjoyment, is not taken into consideration by my opponents, but I think it most desirable, especially in incurable cases. My visits in this village ended, my impressions were that a *Gheel*, a pure colony even, could be very easily instituted in Scotland. Now supposing this or any other village had a small hospital or central infirmary, and a convenient staff of medical officers, the plan of a Free-Air System could there exist very well without the intervention of any saint, healing sources, or shrine whatever.

On my way to London a stoppage of a few hours at Retford, in a central county, afforded me the opportunity of entering some cottages to ask for board and attendance, telling the people that I had sometimes fits of insanity, or that I was searching for a family that would take an insane boarder, and I found people ready to accept these conditions at a reasonable price of ten to fifteen shillings a week. The cottages belonged to the working class in good circumstances, glad to add something to their income. Again I have not the slightest doubt about the practicability of erecting the best possible *Gheel* in England, where the middling classes are necessitous and the lower in great misery. It would perhaps be more difficult to establish at first a similar institution in the United States, on account of the *forward movement* of the same classes, but there are better conditions here in the vast extent of fertile lands, which may be employed for such colonies, which are

both medical and agricultural. Now, I believe they could be tried first with Flemish and Dutch or German attendants. I have no doubt that I could gather a sufficient number of inhabitants of Gheel to come here and continue their beneficial care of the insane. Nothing is more easy than to make rules for such establishments, which should insure sufficient advantages to such attendants and greatly benefit the patients.

Of all the asylums I visited, none, in my opinion, can be compared with that of Prestwich, near Manchester. This asylum was opened in 1851. The disposition of the wards is excellent, and favorable to the different classes of patients, their comfort and occupations; the whole interior of the building is cheerful and agreeable, and air and light accessible in every part. Bars, and other means of confinement, are dispensed with, as much as possible; the ventilation and cleanliness are so perfect that I could not trace the smallest scent, by which inspectors of asylums judge of the efficiency of the attendants, or recognize the faults of construction in the wards; the division for paralyzed patients was perfectly free from any offensive or impure effluvia. It was only in the beautiful gothic Chapel built in the park of the establishment, that I could find the peculiar smell of insane patients.

How much is Prestwich superior to the so much praised, and even vaunted asylum of Guislain, at Ghent! The two asylums bear no comparison; nevertheless, Guislain was not only a great psychologist, but also an eminent artist and draughtsman, and had made use of his talents in visiting the monuments and asylums of the continent, to combine all that constituted a perfect asylum. In my opinion, what makes Prestwich superior to all similar institutions, is felt by any visitor, in the diminished feeling of oppression which reigns inevitably in such immense receptacles as Hanwell, Colney Hatch, Bicetre, Salpêtrière, &c.

Dr. Holland is the well-known and learned Superintendent of Prestwich, and though he is invested with the confidence of the committee of trustees, he has not, in my opinion, the moral ascendancy necessary to a complete control and

influence; he is the responsible director, both medical and administrative, but the gentleman who is the cashier of the institution, is at the same time secretary of the committee, to which Dr. Holland has no access, and to which, according to the by-laws, he is obliged to report, *in writing*, of all dangerous cases or accidents. Now, what I say is entirely my own speculation. It may be that both the superintendent and secretary are on the best terms, and only desirous of the welfare of the institution. What I suppose, then, of difficulties might only exist in the opposite case.

What can we say of Hanwell and Colney Hatch? We have no admiration for triumphal arches employed as entrances to charitable institutions; we can not approve, in a gastronomic point of view, of gigantic apparatuses, armed with steam and gas to cook, broil or roast. What a quantity of nutritive matter must be lost in such a wholesale way of preparing food! We can only admire the clever inventions to diminish manual work in washing, drying, ironing, &c. Will it be permitted to say that I experienced a feeling of pity and of disgust, thinking of the injury done to patients, when I read the reports of the committee of visitors to the magistrates of the county, and remarked their contests with the commissioners in lunacy, and the physicians they leave under their command. These reports contain the grossest errors on psychiatry, and show the proportion of nonsense that the physicians must endure from gentlemen who may have been successful merchants or shop-keepers, but are the worst administrators to be found. Speaking of these difficulties, I understood that they resulted, just as it happens in Belgium, that gradually the really learned gentlemen belonging to these committees retire from them, and thus leave full play to those who find only a sort of pastime in their retirement from business. One question shows the fallacy of the system followed in such establishments. Can a staff of four or five medical officers, including the pharmacist, suffice for the treatment of 1,200 to 1,800 patients? This defect I have in all my writings and reports denounced as scandalous in Gheel, where five physicians had the charge, with me, of about

1,000 insane. Those who pretend that I am or was a blind partisan of Gheel do not certainly know that I always complained of the *non-medical treatment* of many of our patients. In one of my letters to the Minister of Justice of Belgium, I said that such fact was an imposition on the public, and a denial of justice to the sufferers. Considering the bulky population of Colney Hatch or Hanwell, the number of excited maniacs and agitated demented is considerable. Now, when you are witness to what takes place in the wards and yards of these unfortunates, the scene of confusion and excitement demonstrates at once the superiority of having them in the open air, far from any cause of excitement, and often employed usefully in agriculture. Even the stupid instruments of recreation and exercise offered to maniacs are an offense to good sense and charity. Leaving this subject, I mention with pleasure that I was admitted to see, in all their details, private establishments, under the care of several renowned psychologists of London. In all respects they are the best I could imagine; for, the small number of inmates makes the family life possible; and the excess of population makes London and its suburbs almost as isolated as a country place where nobody knows his neighbor.

Dr. D. Tilden Brown, of Bloomingdale Asylum, New York, has kindly loaned me the latest papers on the Gheel question. In the *Medical Critic* for 1861, at page 156, is an extract from the proceedings of a meeting of a few German alienists, in which my constant opponent, Dr. Flemming, introduced the subject of Gheel. It appears that these gentlemen—fourteen or fifteen in number—were most decidedly of opinion that "the imitation of the lunatic colony of Gheel, sought for by certain enthusiasts and psychiatric dilettanti, was not likely to further the interest of either science or humanity." The reason for such clique-decision might be asked, but it is useless to inquire. Any disinterested person may have remarked this fact, that in spite of their contempt for the *enthusiasts* and *dilettanti*, they confess that the free-air system shall be tried, and that in such case the vicinity of existing asylums is most convenient. Then, according to the



*council of the fourteen*, it was desirable that a portion of the incurably insane should be provided for outside of asylums. Why not the curable, also, if all are to be placed under the charge and care of physicians? In our opinion, no answer to the contrary could be given except that of *non possumus*.

Dr. W. A. F. Browne, one of the board of commissioners in lunacy for Scotland, has violently attacked the system of Gheel and my very insignificant person; and has acted, if I may be permitted to say so, as an advocate, making the case of his adversary the worst possible by misrepresentations. After an elaborate introduction ending with these words, condemning and abusing Gheel: "It afforded the last glimpse of a mediæval condition, incrustated with the stains and corruption of a worn-out organization, where the faith in the supernatural had faded away, and the sun of science had not yet arisen," Dr. Browne divides his arguments into four paragraphs.

First. Gheel has no supreme medical authority. True, no more than is to be found in most of Scotch and English asylums. The free-air system is medical *nullifidianism*; the claustral system, which barracks a hundred patients without a sufficient staff of medical officers, has the same result and worse consequences for many incipient cases. We pretend that the free-air system alone is able not to exasperate the disease in any of its stages. I do not believe that family life and liberty, consistent with the state of an insane person in the free air, (not fresh air as maliciously equivocated) can be construed as Dr. Browne does, into turning the insane *adrift* in the fields; no, it would be no remedy, but a crime against God and man. I never discarded therapeutical treatment in psychiatry, I believe; neither did I say that free air alone could be in all cases (though often successful) the unique remedy; nor did I ever conclude anything from the number of reputed receipts in favor of cures of a certain number of insane. I am sorry to find an authority such as Dr. Browne, pretending to say that the moral treatment is an

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heresy in our science. Certainly, I consider the share of moral causes greater than the physical in insanity, but do I say that insanity has no existence in our tissues? Is it fair to take for argument the very complaints I always made of the deficiencies of the medical staff of Gheel, when I find the same fault in all the public asylums I visited in Scotland and England?

Dr. Browne's following words are an instance of his mode of argumentation: "The opinion of M. Parigot, that a weekly visit may suffice for any case," &c. Really, I should be ashamed of myself, and would think I deserved no more the title of Doctor, if I had ever thought or written such stupidity. Now, please to look at page 96, of the work cited by my opponent, and it will be found a *quotation* of the committee of which Guislain was the head. But Guislain never meant such absurdity, for the committee alluded only to incurable cases.

Here follows a beautifully written passage by the Scotch commissioner, but sophistical in all its points: "It may be that confinement, monotony, that close, constant association with unhealthy and debased minds act detrimentally upon the disposition of those who are imperfectly constituted and educated, and tend to produce that indifference, hardness, harshness and enfeebled conscientiousness, which so often frustrate the hopes and measures of the physician. A similar morbid and malign influence must, however, if it exist at all, be diffused through the homestead of the yeomen of Gheel by the constant presence of the insane inmates. It must present itself in even a more insidious and intense form. The exposure of the attendant to the *infection* is limited to hours; he escapes to his family, his home, his holiday. He spends his vacation in sleep or amid healthful and invigorating impressions. But the skeleton, the demon of the disease, haunts the Gheelois hut forever. It is a part not merely of household arrangement for good or for evil, it is a part of the inmost thought." Well, nothing of all this is the fact. Let us examine: one insane, or even two, in a family of seven persons in the full activity of their callings—these can not

influence the medium, or *infect* it, as says Dr. Browne; the medium of fifty or a hundred insane in a ward may certainly affect more readily a person who has nothing to do but to think of his duties concerning the life and safety of the patients entrusted to his care. The demon or poison of asylums, if it exists, as a competent authority asserts, is unknown in the *hut*, rather the *farm*, of the good people of Gheel. Besides, it has been ascertained that insanity is not more frequent in that locality than anywhere else in Belgium; for as respects the hardness and harshness of the Gheelois keeper, no instance is known of the murder of the insane by them. Certainly, I, the too ardent defender of Gheel, after having described faithfully all the defects of my ancient field of labor, bear testimony to the kindness, zeal and forbearance of the great majority of its *nourisseurs*, and deplore that it was not possible to recompense the *angelic devotion* I witnessed in many of them.

In the third division of his criticism, Dr. Browne gives us an insight into his own philosophical principles. He finds that I entertain an erroneous view of human nature, the very frame work of society, and also of the *moral* treatment of those of unsound mind; because I think that to oppose an insane person is, on some occasions to excite him unnecessarily; and that I permitted an insane man to do with his time what he pleased, with a view of quieting him. Every body knows that there exists only two ways to treat humanity—kindness or severity. According to the philosophical principles of some, humanity is naturally perverse, and the government must be strong and able to chastise, and an asylum must have a severe discipline and compel the refractories. Dr. Browne says that the greatest intellects must be opposed, that education consists in a series of restrictions, concessions and sacrifices to the will of others, that society is kept by *antagonisms, concurrence, absorption of individualities, &c.* In the world, as just described, I find the principle of the pagans, who fought for power and gold. The world I contemplated in my writings is that in which *love and charity* are the levers to save humanity.



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Changing abruptly in his tactics, Dr. Browne remarks in his fourth division, that the amount of restraint in Gheel is painful and unjustifiable. He pretends that the selected cases sent to Gheel are such that the timidity of the custodians alone may account for such restraint as straps, chains and iron girdles. Perhaps the doctor should take some better information on the subject, before entering the pathological field. He says that the *extreme defenders* (not those so modest and free from partisanship as Dr. Bulckens,) are ignorant of the fact, that personal liberty, and even gesticulations, may be prejudicial, that economization of strength and tissue by some means was considered a justification of the use of the strait jacket and padded rooms, that exercise is interdicted in mental diseases of cardiac origin, that asylums are places of rest and quiet, and that discipline and treatment (exclusive of the moral influence) are the real therapeutical agents. Dr. Browne should not sneer at the moral influence, since he says in the same article that it sometimes happens that the pain and the repugnance are in themselves remedial.

Since the honorable Dr. Conolly, in a speech, has declared that the *Gheel system is not one that he should like to see followed in England*, we may perhaps say that he is right, because it would be evidence that non-restraint is only a preliminary step to a medical system in which all the benefits conferred by Dr. Conolly would be superseded by a rational treatment of insanity, employing a necessary restraint much better adapted to insanity than all the padded rooms, in which sometimes the insane and their attendants fight for life or death.

In the fifth division my opinions are again misrepresented. I find this passage: "Mr. Parigot sneers at classifications, as if they rendered life more endurable to the prisoner." No, I sneer to be so misrepresented, and at a scientific classification which is very difficult in books, impossible in asylums, and of no advantage in therapeutics. I wish the patient to be cured and not amused, and if incurable permitted to live in such manner as to make his life more endurable and free from

artificial recreations. I am also accused here of offering objections to the work performed in asylums. Did I object to this most beneficent means of recovery when I was kindly shown round Gartnavel or Morning Side? I am asked why should labor be more voluntary in a colony, which insane men can not leave in consequence of iron cinctures, straps, &c., than in a *confraternity* from which his escape is prevented by walls? My answer is, because family life leads to activity which is the aim of human existence, and that the claustral confraternity of the insane is irrational in all respects.

Is it not extraordinary that, having so much criticised the system of Gheel, Dr. Browne, like other psychopathists, brings forth a modification of Gheel, which in fact is the amelioration of Gheel itself, a medical center having the necessary cottages as dependences. Dr. Bucknill, although an enemy of the free-air system, wishes that a part of an asylum should assume the form of a village. Is it not incomprehensible that all these gentlemen should wish to direct a real progress in psychiatry while at the same time they deny its existence?

Recently, two authors of high reputation in France, Drs. Brierre DeBoismont and J. Falret, have written interesting papers on Gheel.

Dr. Falret's report to the medico-psychological society of Paris, is a very able *résumé*, but gives no solution of the question now under discussion. Dr. Brierre objected to some of the conclusions of the report, and it is to that fact that the medical public owes the very able speech he made on the subject. In his exordium, he regrets that several speeches and memoirs for and against Gheel have been beyond the limits of an ordeal of true scientific discussion. This is just and right. For my part, I beg to refer the reader of this paper to what I said page 293 in the number of July, 1860, in the *Journal of Psychological Medicine*, and judge if I deserved the attack of Dr. Browne, in the *Medical Critic*, July 1861, from page 213 to page 231. Twelve years ago Dr. Brierre was much opposed to Gheel. Now his criticisms bear principally upon some difficulties of the system, not on the prin-

ciple, which he admits, as does Dr. Moreau (deTours,) and I must say that never an unkind word fell from him on those, who like myself, had to direct public attention to this most important subject. It was not in the *paper* of the *propagateur de l'idée* to be luke-warm. Feeling this necessity of value, Dr. Brierre never attacked us personally, and we here thank him for his good taste. At the beginning of his discourse the learned orator gives a masterly statement of the question, which is not, as supposed by most of the disputants, whether there exists a locality or not, where the insane are set at liberty, and more or less taken care of, but to inquire whether the principle can be made use of in some convenient manner, with the habits and customs of foreign countries. The constant increase of insanity, and the inadequate means of treating the patients in asylums, require colonization under some form or other. If the system of Gheel can be imitated, the consideration of humanity must enforce its adoption. For, if the insane have more liberty, if their labor affords them some relief, or a more comfortable existence, if at least, they are placed in conditions nearer those of ordinary life, *then there exists a progress*, which if not appreciated by some of them, is certainly a great consolation to their families. It is in vain, continues Dr. DeBoismont, that some writers have objected to the very small rooms, the want of animal food, the confusion of sexes, the presence of three or four patients in one house, the poverty of some peasants who keep them, the bad treatment, the chains, the absence of medical care, certain excesses and combinations of the inhabitants anxious to conceal their dealings; all these abuses, *which are certainly very limited in Gheel*, may, under a good administration, disappear; if, for instance, a liberal payment of the patient's board was made, if a convenient medical staff, proportionate to the number of the lunatics, and honorably recompensed for their work, was instituted, and if a well organized infirmary should be built. Now, the Belgian government, which boasts so much of Gheel, can confer all these blessings *whenever it pleases*. Here we must interrupt Dr. Brierre, and tell him that in a memoir inserted in the *Journal de Médecine de*

*Brussels*, of November and December, 1859, he will find the reasons why it does *not please* the government, or rather the *bureau* of the justice department of Belgium, to make Gheel the best curative asylum. The only difficulty which Dr. DeBoismont finds insuperable, is the difficulty, nay the impossibility of a proper individual treatment in such an extended parish as that of Gheel. We believe that if the infirm-ary had been placed in a healthy locality, where free-air and water could have been obtained, not only that central house, but even the nearly situated cottages might have answered all the wants in this respect.

But as a good citizen, the principal question with the celebrated Parisian psychopathist was whether a Gheel could be created in France. In his opinion, if a trial was made, it ought to be on a small scale at first, for several reasons; namely, they have in France no born philanthropists at hand like the Gheelois keepers, and there would be terrible opposition, bad will, fear and terror, brought in the way of such experiment by the neighborhood of such locality. But now, where should such colony be placed? Evidently far from great cities or manufacturing towns, in a country where religious feelings are still preserved, with other conditions, such as cheap living and isolation, which are indispensable for a colony. But according to Dr. Brierre, whose experience is of great weight, the morals pervading the county, the multiplicity of crimes against persons, render such experiment very uncertain.

Now, the attention of the orator was directed to a small charmingly written book on colonies, by M. Jules Duval,\* one of the talented writers of *La Revue des Deux Mondes* and *le Journal des Débats*. Dr. Brierre criticised several points of psychiatry. First, liberty is sometimes a nuisance for the insane. Certainly for *certain* insane patients, but for the majority, the non-restraint in free-air is a benefit. We have already answered the criticism of Dr. Browne respecting the condition

\* Gheel ou une colonie d'aliénés vivant en famille et en liberté. Par Jules Duval. New York. Baillière Brothers, 440 Broadway.



of treatment, and need not to repeat that discipline is excellent in certain cases, but distressing in the majority of them. Now, we must say that the objection of Dr. DeBoismont relating to the freedom of corresponding by letters, has no foundation. The Belgian constitution protects individual liberty to the utmost. Respecting insane persons the law says: "No superintendent, medical or not, no keeper or servant of an insane person shall, in any case whatsoever, suppress the correspondence of a lunatic, either with the magistrates, the public, or their family." Now, according to the argument, we must remember that calumnies, falsehoods and intrigues dated from an asylum, have no great importance, and are easily defeated. Does Dr. DeBoismont really suppose that erroneous ideas and exalted feelings are to be conquered by discipline? Vicious habits may sometimes yield to strong rules, but not always.

Mr. Duval in treating of the reform of asylums, does not say that they must be destroyed. Neither have I said so, and Dr. Bulekens, in declaring *claustral asylums* necessary, but expresses a truism which no one doubts; still, his proposition must be very agreeable to the antagonist of the new system. My great fear for Gheel is the gradual slackening of the principles which, in spite of so many abuses, have permitted the colony to come to our days through centuries. If these principles of charity and devotion to the greatest misery under heaven were to be exchanged for cells, like those invented by Guislain at Ghent, then Gheel may be considered as destroyed, and this to the great satisfaction of the jesuitical party of Belgium. The introduction of cells under the approval, or even through the submission of its medical inspector, is already a victory of our opponents. What did I remark on the doors, three or four inches thick, as ancient postern were, of the cells in Great Britain? The proof that the confinement in a cell is, first, the abandonment of the patient at a moment when he should not be lost sight of. Secondly, the certain excitation and reaction of the patient to a point that may prove fatal, for what can we know of the variable excitability and moral sensibility of all those we put in close and solitary confinement? Thirdly, the negation or *nullified*



ianism of psychiatry, moral and medical. Again, why build cells in Gheel? It is said that we turned adrift our patients into the fields. We deny the charge, although this is no more inhuman than putting them into cells.

Dr. Brierre finds himself led to this conclusion: That claustral asylums being a necessity, and free-air asylums too difficult to establish in France, the cottage system near an asylum must be the solution of the question. For him, the colony of Fitz-James, a village in the vicinity of the small town of Clermont near Paris, answers every purpose. Unhappily, nobody will agree with him, for the name of colony can not be employed to designate a farm, of whatever extent it may be. Besides in Fitz-James there is no possible family life. It may be a good specimen of organization for field-labor, an immense farm arranged as a work-shop for out-door employment, but it has nothing in common with Gheel, and less with the future *therapeutical Gheels*.

Now, from what I have read in the papers kindly offered to me for perusal, it appears that every day defenders of the new system rise in every country. Dr. DeMundy is certainly the man who must be regarded as the benevolent leader of us all. In fact, his writings appear simultaneously in Germany, England and Belgium, and they prove his great talents and activity. Drs. Moreau (de Tours,) Delasiauve, Brierre, DeBoismont, and the high-minded and eloquent writer, Jules Duval, are of such influence in France that I expect soon some great change in the management of public and private asylums there. Dr. Seraphino Biffi, of Milan, my noble friend, one of the first and most generous defenders of Gheel, will renovate the ideas of the treatment of insanity in Italy. Drs. Pi-y-Molist and Pyjadas, of Barcelona, will do the same for Spain. I see that even Russia has also found a reformer in Dr. Wirikoff; therefore my *paper* is well finished, but I have, before its conclusion, only to add a few words on Gheel. In the year 1852, I published a small volume on the colony which attracted the attention of alienists. In that book I purposely projected the necessary reforms at that time. When I was appointed

Inspector of the colony, I made, on *the official demand* of the government, all the by-laws concerning the internal regulations of the colony, which by-laws were promulgated by the Minister of Justice the 31st of December, 1852, and signed by every one of the committee of management but by their author. *Sic vos non vobis*, because superintendents in Belgium as in England, are not to be the servants of the poor, but that of committees, which sometimes have not the slightest idea of such administration.

Of course my successors in Gheel will even efface my name in its records. I may be forgotten; still I feel proud that I have done my duty. And supposing that I should be more assailed than I have been, never mind—if I have been able to soothe the lot of one insane person only, I am satisfied, and shall no more answer any criticisms. I reserve the rest of my energy for this country.

#### MODES OF DEATH PREVALENT AMONG INSANE.

BY DR. J. C. BUCKNILL.

If it were needful to adduce any reason for calling your attention to the peculiar manner in which a large number of our patients cease to be our patients, through the intervention of that benevolent agency, which to the helpless and the hopeless comes as the "Tod als Freund" of the German artist, a sufficient reason would, I think, be afforded by any effort made to tabulate the results of mortality in asylums as they are recorded in our annual reports. The character of fatal disease is no doubt much the same in our various county asylums, and yet the manner in which the results are recorded in our reports is so different as to render it impossible to make a satisfactory summary of the mortality in our asylums collectively.

I hold in my hand the obituary tables of a few asylum reports taken as they come to hand. The first is that of my

friend and neighbor, Dr. Boyd, which differs from all the others not less in the fulness of detail with which it is made up, than it does in the peculiarity of the assigned causes of death. In Dr. Boyd's report, the interpretation of pathological appearances, expressed by such terms as arachnitis, cerebritis, meningitis, myelitis, &c., takes the place of the generalizations which we meet with in other obituaries. If Dr. Boyd is right in his views respecting the inflammatory nature of general paralysis and other forms of brain-disease causing insanity, it must be admitted that his manner of describing the causes of death is accurate and scientific, and worthy to be adopted by us as a model for our obituary tables. But if, as I think, the thickened membranes and the softened substance of brain and spinal marrow which we so often find in our asylum necroscopies, cannot be shown to be the results of inflammation, and can only as yet be recognized as the results of processes of diseased nutrition, the real nature of which it remains our task to investigate; then I think it will, for the present, be better to use the generalizations of the causes of death which we find in most obituary tables. It is, however, most important that we should not use these generalizations more largely than we are compelled to do by the present state of our knowledge, and if our associate to whose obituary table we have referred, has employed a greater degree of pathological exactness than we can imitate, it is not, on the other hand, needful that we should generalize every form of death not readily accounted for by local disease under terms having such wide and indefinite application, as to be almost without meaning.

I have here the report of an able asylum physician, who in an obituary table of forty-five cases, attributes fourteen, or 30 per cent. of them, simply to "exhaustion." Here is that of another who attributes eleven out of thirty-four to the same indefinite cause. In another report I find a number of deaths attributed to "prostration," which is perhaps a synonyme for exhaustion; while in other reports the terms "gradual decay," or "general decay," appear often to be used to express the same facts; so that an examination of these obituary tables

leads to the belief that one of the largest classes of which they are made up is entered in the various reports under very different headings, and that the death of a patient under identical circumstances might in the obituary of one asylum be attributed to "cerebritis," or "myelitis," and in another simply to "disease of the brain," in another to "gradual decay," in another to "exhaustion," and in a fourth to "prostration." The fact at the bottom of all this confusion is, that the insane die largely of forms of disease which are not tabulated in any existing systems of nosology. Even when a person suffering from mental disease dies from some recognized form of bodily disease, from phthisis for instance, the most frequent form, it is found that the symptoms of the bodily disease are greatly modified, and its aspect often wonderfully changed; for insanity is not confined to the brain, and, when it is confirmed, a man becomes a lunatic to his finger ends; literally so, for scabies will often abound on an idiotic or demented patient without seeming to touch the blunted sensibility, just as phthisis often ravages the lungs of the insane without producing cough. The most ordinary diseases of the insane, therefore, require special knowledge of their peculiarities, although we have yet to endure to be told that physicians skilled in the treatment of the insane require the assistance of physicians who are not skilled in the treatment of the insane, whenever they suffer from ordinary disease. With regard to the peculiar forms of disease here referred to, from which so large a proportion of the inmates of asylums die, we find that they are for the most part different varieties of the gradual loss of power of the nervous system, more or less chronic, in their course; and to which our associates apply the terms exhaustion and decay in rather a promiscuous and undetermined manner.

In some of the obituaries both of these terms are to be found, in others only one of them; thus, in Dr. Robertson's report, fourteen patients are said to have died of exhaustion, but not one death is attributed to any form of decay; in Dr. Wing's report eleven deaths out of thirty-four are attributed to exhaustion, and one to old age, but none to decay. On the

other hand, in Mr. Hill's report, ten cases are attributed to gradual decay, and five to old age, while only four are attributed to exhaustion. And in Mr. Cleaton's report, thirteen deaths are attributed to senile decay, while only five are attributed to exhaustion after mania and melancholia. I can not, in examining the tables, find that any discrimination has been used in these terms exhaustion and decay, though probably the former is more frequently intended to designate that failure of the powers of life which rapidly supervenes upon acute symptoms, and the term decay is used to indicate the more chronic processes of degradation through which the nervous system passes in several forms of insanity. If the use of these words is to be continued, no doubt this distinction in their employment ought to be preserved; but I am strongly of opinion that one of these terms ought to be disused, and that the other ought always to be characterized so as to bear a more definite meaning. The term of which I advocate the total disuse is "exhaustion," to whose indefinite influence we have seen that in some large obituaries as many as one-third of the whole number of deaths is attributed. Now the manner in which patients suffering from acute mania, die from exhaustion, is very similar to the manner in which cases of typhus, or cases of delirium tremens die from exhaustion. There are the same influences tending to death in both these diseases, and especially so in delirium tremens; the same loss of sleep whereby the nervous system is deprived of the opportunity of rest and repair, the same deterioration of the nutrient qualities of the blood, and the same death by syncope, due for the most part to asthenia arising from exhaustion of nervous energy, but often greatly assisted by poverty of blood. The mode of death, therefore, both in acute mania and melancholia, and also in delirium tremens, and in a large number of cases of typhus, is death beginning at the heart; that is, death by syncope, the largest factor of which is asthenia. Such is the mode of death, more precisely expressed than by the vague word exhaustion. But in obituaries we do not endeavor so much to indicate the mode of death as to name the remoter cause of death, namely, the disease which leads to



the portals of the dark house. We do not say that a patient dying of delirium tremens, or of typhus, died of exhaustion, or even of asthenic syncope, but we name the disease which led to this cause of death; and in like manner I urge it upon the members of our association to recognize in their obituary tables the undoubted fact, that acute mania and acute melancholia, with persistent delirium exhausting the powers of life, with insomnia and refusal of food preventing repair, are in themselves bodily diseases as fatal as typhus or delirium tremens. Let us therefore, in assigning the cause of death, always give the name of the disease, though we may choose in addition to it, also to specify the mode of death. For example, let us say in an instance where the powers of life have been worn down by an uncontrollable course of acute mania, that the patient died of acute mania, though we may add that the mode of death was asthenic syncope; and in those acute cases where food has been refused, either from delusion or from the diseased condition of the gastric membranes, let us say that the patient died of acute mania, or acute melancholia, adding, if we think fit, that the mode of death was anæmic syncope from refusal of food.

In support of my recommendation that we should disuse this vague word "exhaustion" as a cause of death, I am glad to be able to cite the authority of the Registrar-General, who always objects to accept exhaustion as a cause of death, unless the disease which caused the exhaustion is also specified.

The term "decay," which is also so much in use in our obituary tables, cannot in many instances be replaced by any other term, because it expresses not so much the mode of death as the cause of death, in the absence of any definite disease to which death can be attributed. But while I object to the term "gradual decay" as the needless employment of an attribute, since all decay must be gradual, I wish earnestly to solicit the attention of the association to the necessity which exists of defining more accurately the various kinds of decay under which our patients succumb. The only kind of decay which is usually defined in our tables is that of old age; and although this may be taken as the type of all other forms of



decay, it will be obvious from an examination of our tables, that this term is used to indicate the form of death in a large number of persons of middle life. By fatal decay, I understand that gradual failure of all the organic functions which, without the aid of active disease, results in death which neither begins exclusively at the heart, nor yet in the brain, but is at once the result of degradation of the cerebral, spinal, and ganglionic nervous systems, of impaired assimilation and diminished nutrition; so that watching the advances of death it is difficult to say whether it invades most through the heart or the brain. The nature of senile decay, which is the simplest and typical form of decay, is by no means so well understood that we can confidently take it to illustrate the various other forms of decay to which it bears analogy. I myself think that a marked declension of the function of the nervous system throughout the body is the ultimate fact in the history of our decline in old age to which all others must be traced; for although as Dr. Symons points out in his able article on Age, in the "Encyclopædia of Anatomy and Physiology," this defection of the nervous function is partly the result of diminished force of circulation and diminished energy of assimilation and nutrition; it must be borne in mind that these latter functions are themselves dependent upon the integrity of the nervous function. In the decay of old age it may be impossible justly to apportion that which is effected by the lost energy of the nervous function, and by the declension of the functions of circulation, respiration, and secretion, through thickening of the capillary walls, or collapse of the cells. All the functions are so inter-dependent that it is impossible to say where death commences to break the circle of life; but the decay of earlier age is often directly traceable to degradation of the nervous system. Either that system is congenitally imperfect as in idiots, and prematurely refuses to discharge its functions; or through the influence of recurring disease like epilepsy, or through the shock of disease whose active processes have ceased, as that of past inflammation, the state of nutrition of the nervous system becomes altered in some manner in which we can only recognize the gross changes of

the bulk and appearance of the organs, we see the brain and spinal marrow diminished in bulk and consistence, and changed in color; and we perceive that all its functions fail. All the other organs of the body may, so far as we know, be healthy; but yet a train of symptoms commences which very closely resembles those attending the decline of life from extreme age, and these are the forms of decay which I wish to recommend our associates to specify more distinctly in their obituary tables; and I think at least we may distinguish—1, the decay of idiocy; 2, the decay of epilepsy; 3, the decay following apoplexy; 4, the decay of dementia; and 5, the decay of old age.

The decay of idiots is very remarkable. Some of these imperfect beings appear to arrive at real old age at a time when man scarcely attains maturity. They become feeble, decrepit, and all their functions decline, and thus they pass out of existence without any symptom of positive disease. In connection with this early decay of their stunted life, a very interesting fact may be mentioned, that in some idiots a premature maturity may be observed. Idiot children under nine years of age sometimes exhibit all the signs of puberty, a fact which may bear some analogy to the premature ripeness of fruit, the growth of which has been arrested by the tooth of the worm. The idiot child whose development is arrested by the inability of its defective nervous system to continue the processes of growth, undergoes those changes which in healthy children takes place when their growth ceases in the normal manner; these changes, by which the nutritive fluids are directed into new channels, are those of puberty.

The decay of epilepsy closely resembles that of idiocy, and is often combined with it. An epileptic may die in various ways; he may die from coma and asphyxia following a fit, or rather a succession of fits; he may die from syncope, after a severe fit which has so paralyzed the nervous energies that the heart ceases to beat from asthenia; and he may die from what I venture to call epileptic decay, in which the fits have no immediate influence in the causation of death. In these cases the fits, in some manner to us unknown, change the

nutrition of the whole nervous system, the functions of which decline, and the patient dies deprived of sense and sensibility, in what I venture to call the decay of epilepsy.

By the decay of apoplexy I wish to indicate those cases in which the patient, after having recovered from one or more apoplectic attacks, gradually loses first the mental, and then the other functions of the nervous centres, at a considerable period after the incursion of the disease to which these results are primarily to be attributed. Some, but by no means all of these cases have more or less local paralysis, but they are all distinguished by that gradual failure of the powers of innervation, circulation, and respiration, which characterize other forms of decay. These symptoms are also observed in no inconsiderable number of cases of chronic insanity in which profound dementia is either the primary or the secondary form of mental disease; and these deaths should, I think, be assigned to decay from chronic insanity.

With regard to the decay of old age, I have only further to observe that some care is needful to prevent cases being attributed to it which it has not caused; for it is not uncommon to see patients in extreme old age, die from an attack of mania or melancholia; and in such cases it is scarcely needful to observe that the cause of death is not the decay of old age, namely, the gradual failure of all the functions, without the interference of active disease.

I have been tempted to add to the above forms of decay that which is due to general paralysis, but as this disease, whatever its nature may be, is the actual and efficient cause of death, I think the gradual failure of all the functions by which such death is brought about, is more conveniently and properly attributed simply to the general paralysis itself. The modes of death in this disease are remarkable and instructive, making for our observation, as they do, physiological experiments as to the effect of the gradual denervation or abstraction of nervous influence upon the various functions of the organism. One of these effects I have not anywhere seen alluded to, although it produces a most remarkable mode

of death. In some cases, which indeed are rare, but which I have observed several times, the molecular death of all that we can see of the body appears almost to precede the systemic death. While the heart still regularly beats, and the lungs expand, the whole surface of the skin takes the appearance of a body so far decomposed that the cuticle peels off at the slightest touch, as if from putrefaction. There is no reason why the whole of the cuticular surface should not die while life still maintains itself for a brief period in the fortresses of the organism; but these rare cases of general paralysis are the only instances in which I have ever observed phenomena which could bear this explanation. That an amount of mischief to external parts from disease or physical injury which would be fatal to a healthy organism may be endured by an organism in which the nervous bonds of sympathy have been abolished by the pathological changes of general paralysis, is a remarkable fact, of which evidence is not wanting in the frightful mortifications which sometimes occur in general paralytics, without producing any of those secondary symptoms which would undoubtedly arise with fatal readiness if such an amount of injury were inflicted upon the soft tissues of a healthy subject. It is well known that in the lower classes of the animal kingdom in which the nervous system is little developed, an amount of mechanical injury to the limbs and soft parts which would inevitably be fatal to the higher classes, will be endured without producing much constitutional effect. Some reptiles, for instance, will bear injuries with apparent immunity, which would quickly destroy birds or mammals. Now, general paralysis, which gradually deprives a man of the benefit of a nervous system, seems to place him for a time in the position of those animals which have nervous systems of a simpler nature, and to grant him for a time their immunities from the painful, and often destructive impressions which can only be inflicted when the nervous system is in its perfect state of sensitive sympathy.

—*Journal of Mental Science*, Oct. 1862.

**HOMICIDE.—PLEA OF INSANITY.—THE REAL CASE.**

The facts of this case will be remembered by many of our readers. Peter C. Real, a man of bad character, was shot in New York, last June, and fatally wounded, by a woman, who claimed to be his wife. This woman, named Mary Stewart, or, as she called herself, Mary C. Real, was indicted for the crime, and tried, in the month of October last, before the Hon. George G. Barnard, of the Supreme Court.

The defence, which was conducted by Mr. Edwin James, as senior counsel, was placed upon the ground that the accused was the wife of Real, had been grossly ill-treated by him for many years, and that in consequence of such ill treatment and neglect her mind became so unsettled and disorganized as to render her at times (while reflecting on her imagined wrongs) wholly irresponsible, or, in other words, insane, and that, in that condition, she committed the homicide. In support of his position, some evidence was given of a secret marriage between Real and the accused, and it was proved that for some years she had, from time to time, bitterly reproached him for his infidelity towards her, and exhibited extravagant grief at his conduct.

The homicide was directly provoked by a meeting at the ferry between Mrs. Real and her alleged husband, who was walking with a young lady. Some high words passed between Real and the accused on the spot, and the latter, at a second meeting on the same day, shot the former with a pistol. It was not clearly proved whether she deliberately fired the pistol, or whether she discharged it accidentally, while employing it simply as a means of threatening.

Dr. Ranney, of the New York City Insane Hospital, and Dr. Brown, of the Bloomingdale Asylum, were both examined upon the question of the alleged insanity of the accused, and gave it as their opinion that she was not insane,—an opinion which coincided with the facts as found by the jury. Judge Barnard, however, in his charge, took occasion, while discrediting the particular medical testimony offered in the case, to impugn the value, in such cases, of all medical tes-



timony. The newspapers report him to have said that "as to the medical testimony, he did not consider it material. Indeed, he never did deem it important, for you seldom find two doctors to agree, except they belong to the same school."

It causes surprise and regret that an effete prejudice should thus reappear upon the bench, after it has been banished even from the domain of general and public opinion. At the present day it is unnecessary to argue seriously as to the importance of the evidence of medical experts in regard to matters within the scope of their profession. Experience has proved, and public opinion has acknowledged, the value of such evidence. Nor is it necessary to adduce arguments in support of the assertion that the trained observation, assiduous application and long experience of those who have made the pathology of the mind their special study, gives the same relative weight to their opinion in cases of mental unsoundness, which, in cases of purely corporeal disorders or injuries, like observation and experience give to the opinion of those who have confined their studies to the pathology of the body alone. These facts are now generally admitted, and the result of the gradual removal, by the progress of knowledge, of the barriers which ignorance and common prejudice formerly opposed to a proper estimation of medical testimony, has been the introduction of more salutary and more rational rules in regard to several of the most important topics of the law.

We need not go beyond the case before us to find an illustration of the superiority of a physician's testimony upon a matter of medical science to the statements of one of a different profession upon the same point. Judge Barnard charges the jury that little weight is to be given to the testimony of Drs. Ranney and Brown, and proceeds to expound the subject of insanity as applicable to the case in question, in his own way. If, however, disagreement in opinion is the objection urged against the value of medical testimony, it is difficult to perceive how the objection has been removed by the substitution of statements which would command the assent of few lawyers and no physicians. If his Honor assumes to "decide when doctors disagree," the decision itself should surely be



as free from objections as the opinions it is intended to supersede.

In order that our readers may estimate for themselves the relative worth of the opinions to which we refer, we quote some extracts from each. Dr. Ranney said :

"Have had charge of the insane for several years past ; am Resident Physician of the City Insane Asylum ; have been there nearly sixteen years ; have had under my control during the whole time over six thousand patients ; there are two divisions of homicidal mania ; one where the homicidal propensity is occupied by delusion, the other where there is no appearance of delusion, but where the homicidal act seems to be the result of an irresistible impulse ; the characteristics appertaining to the second division are determined by physical and mental signs, and circumstances under which the act is committed ; the propensity to kill in this case is indiscriminate ; the person makes no selections ; he confesses the homicide, and attributes the act to some uncontrollable impulse ; the physical and mental signs that precede the act are usually a change in the conduct of the party—febrile symptoms, headache, and general disturbance of the system. [The District Attorney here put to the witness a hypothetical case, similar to the one under consideration—narrating all the circumstances preceding the homicide—and asked him whether, in such a case, the person committing the homicide was in his opinion insane. Mr. James objected to the form of the question. The objection was overruled by the Court, and exception was taken by the defence.] The witness answered that from the facts presented in that hypothetical case, he would not form the opinion that the party was insane."

The following was offered as an improvement to the above by Judge Barnard :

"There are two kinds of insanity : a permanent, total and *visible* one, discoverable by acts, looks, manner and conversation ; and an impulsive one—one that renders a person wholly irresponsible for every act—*termed lunacy* ; and the other, insane on particular subjects and not always *visible* unless when occasion offers, like pyromania, kleptomania, &c.

\* \* \* \* \*

"In homicidal insanity, murder is committed without any motive whatever, strictly deserving the name ; or at most with one totally inadequate to produce the act in a sane mind. On

the other hand, murder is never criminally committed without some motive adequate to the purpose in the mind that is actuated by it, and with reference to the victim."

The italics in the above extract are our own and further comment is perhaps unnecessary. The distinctions proposed between visible and invisible insanity, and the definition of "lunacy," have the merit of novelty and originality if they are without that of accuracy. Upon the whole, we cannot but doubt whether the jury received more aid from the Judge's charge, in forming an intelligent opinion upon the sanity of the prisoner, than they did from the medical testimony so summarily condemned.

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5. *Report of the Malden Lunatic Asylum, Canada West.* For the year 1861.

1. In our last notice of the Vermont Asylum, we referred to an enlargement of its accommodations for patients by the addition of another story to the wings. Of this improvement, then nearly completed, Dr. Rockwell writes :

"In reviewing the events of the past year, it is gratifying to know it has been one of great prosperity. A greater number have enjoyed its benefits, and the completion of our buildings furnishes greater accommodations and facilities for recovery than we have before enjoyed."

"The enlargement of our buildings has been finished, and we are now enjoying the benefits of this great improvement. Nearly one hundred rooms have been added, which has relieved us of our former crowded condition, and has given us so many excellent apartments for the accommodation of the inmates. The means of classification have also been increased, thereby affording us additional facilities for the restoration of the patients."

It is to be hoped that with this enlarged capacity of the Asylum, the destruction of a part of the buildings by fire, an account of which has just reached us through the newspapers—may not seriously interfere with its usefulness.

The general statistics for the year are as follows: Admitted, 146; discharged, 121; remaining, 463. Of the number discharged, 47 were recovered, 15 improved, 17 unimproved, and 42 died.

2. The present is the forty-fourth annual report of the McLean Asylum to the Trustees of the Massachusetts General Hospital.

Dr. Tyler's remarks upon the general subject of mental disease are deeply imbued with the patriotic feeling which still overflows from every channel of public sentiment and interest in New England. In reference to the effect of the war upon the insane, Dr. T. says:

"There has been, as yet, but little excitement here growing out of the war. Since the bombardment of Fort Sumpter, which set the whole North in a fervid glow, and the disastrous flight from Bull Run, which filled all with chagrin and temporary apprehension, nothing which can be fairly called excitement has been felt. We have had a healthy confidence in our real strength and resources, and a steady faith in a final favorable result. Nothing, certainly, so positively successful has yet been achieved, as to dangerously exhilarate the public mind; nor, on the other hand, have there been reverses or blunders so serious as to produce a lasting or serious depression. Individual cases of great sorrow and suffering have,

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without doubt, occurred. By the misadventures of Bull Run and Ball's Bluff, many a heart at home was made forever desolate; but these are the exceptions, and bear a smaller proportion to the real gain and comfort of the many than do the ordinary ills and accidents of common times. Our army has been recruited, not only without difficulty, but to a redundancy. The "going to war" has been regarded not as a hardship, but rather as an adventure and almost a pastime, and the psychological effect, therefore, upon both those who have gone and the friends who are left behind, is widely different from the cruel apprehensions and terrible heart-breaking realities of a conscription.

"Again, six hundred thousand men have, by the rigid rules of military necessity, learned *to obey*,—a wholesome lesson, and which leads more directly than any other to the all important end of *self-control*. These men have left home and the restricted circle of home labors, influences, and associates, for novel duties and new scenes, and for the friction with other minds trained under the greatest variety of circumstances. Experiences are interchanged; information of persons, places, and things is gained; opinions concerning government, religion, trade, and labor are discussed; prejudices are softened, and views expanded and liberalized. All this, with the regular life, plain diet, and compelled cleanliness of the camp, is favorable to vigorous mental health. Whatever improves the physical condition of the community, tends to improve its mental health. So the enforced regimen of the camp and the voluntary drilling by everybody else, securing abundant muscular exercise and mental relaxation in the open air, strongly tends to prevent those physical disorders which arise from too close an attention to business within doors, and from over-eating and drinking, and which are in most cases the stepping stones to mental derangement. The correspondence between those in camp, and the answering ones at home, is an incidental result of this war by no means insignificant in the way of salutary mental discipline, exercised, as almost by necessity it must be in this case, in a great part, upon serious and important subjects. The new ideas awakened are arranged and expressed upon paper with a growing facility and pleasure, by many to whom the writing of a letter had always been a mountain of toil. The events of the day are calculated to excite in all, a pure and fervent love of country—of the *whole* country—the Union, than which, next to the love of Heaven and virtue, a purer and more healthy emotion does not exist. This war has checked extravagance, and led to the wholesome

virtues of economy and self-denial. It has substituted almost universally for the ordinary frivolities of conversation, topics of unfailing and substantial interest; for reveries and day-dreams, subjects for earnest and sober thought, and often for selfish aims and anxieties, so contracting and unhealthy in their influence, expansive sentiments of care and thoughtfulness for others. The appeal so irresistibly made by the Sanitary Commission, has taught many fingers to knit, which might otherwise have never known the art or have been uselessly employed, and has caused many to realize for the first time, the fact that "it is more blessed to give than to receive."

"The reverse of many of the foregoing statements, or of the deductions which may be fairly made from them, must be true in the seceded States, and to some extent among the inhabitants of the region of actual or constantly expected hostilities; but in so far as the people of New England, and probably of all the States at a distance from the seat of war are concerned, we can find nothing in the history of the year which should necessarily cause an increase of insanity; but, on the contrary, we recognize many decided preventives thereof, and proofs that so far, the influence of the war has, on the whole, been favorable to mental health."

The general results for the year are: Admitted, 111; discharged, 110; remaining, 188. Discharged recovered, 54; improved, 22; unimproved, 11; died, 23.

3. We gather from the history of the Hartford Retreat for the past year, the following statistics: Admitted, 171; discharged, 176; remaining, 221. Of those discharged, 71 were recovered, 60 improved, 26 unimproved, and 17 died.

The following reflections of Dr. Butler, suggested as they are by a long and rich experience in the treatment of mental disease, are of interest:

"Every year of experience in the management of any large Lunatic Asylum, where every day brings a change of one or more of its inmates, either by admission or discharge, must give in the retrospect a varied picture of light and shade, reflected from the constant succession of scenes which it presents, and colored by the varied emotions which these changing scenes call out.

"We have seen the case of apparently light moment, where the prominent symptoms seemed to indicate but little danger

and a speedy recovery, unexpectedly resist all means of treatment, assume, day by day, a graver aspect, and result either in protracted suffering, in the extinction of life, or what is worse, of hope.

"On the other hand, we look back on many severe cases, where the grasp of disease seemed to defy the power of any friendly hand, where long protracted morbid action had apparently hopelessly perverted the natural current of the mind, and where the ravings of mania threatened to destroy the delicate framework of body, and of mind. We follow these cases in their progress, and as we watch the effects of the various remedial agents we are enabled to employ, we see the dark and troubled night giving way to the gray dawn of the morning, and this followed by the calm clear light of day, and find in the end many a home made happy by these blessed influences.

"Among our seventy-one recoveries we find much to cheer and comfort us, and we look back upon the past year as giving us abundant causes of thankfulness. We enter upon the duties of another year with good hope, and trust, though we see no reason to expect any diminution of our numbers, or any relief from that pressure upon the Retreat for the admission of patients, which has not only kept the house full for many months past, but has often crowded it beyond its capacity for suitable accommodation.

"We well know from long experience the cares and anxieties, the doubts and fears, which must be daily, and often the hourly lot of all who assume such responsibilities. We go forward therefore, strong only in the honest endeavor, and in the earnest asking of Him who giveth liberally, for that grace, and strength and wisdom, through which alone we can succeed, recognizing in all our obligations that second great commandment of the law, 'to do unto others as you would that others should do unto you.'"

We have before referred to the numerous and large benefactions made to the Retreat, from time to time. Of these, and of the manner in which they have been applied, a full account is given in a report to the Trustees by a Committee on Improvements. After stating in detail some extensive operations in grading, draining, and ornamenting the grounds, a description of the new museum building is given as follows:

"The plan for the Museum was drawn by Mr. Vaux. It is in the form of a double octagon; the greatest length of the

room is 47 feet; the greatest width 30 feet; its height is 12 feet. The floor is laid with alternate strips, each three inches in width, of black walnut and southern pine. The sides of the room are ceiled with narrow strips of chestnut; the window casings are deep, and made of black walnut; handsome black walnut cases are arranged against the sides of the room to contain objects of curiosity. No paint is used in the room, the wood-work being simply varnished. The sides of the room are ornamented with a choice collection of engravings, and a beautiful billiard-table, the gift of A. S. Beckwith, Esq., occupies the centre. Some additional expense was incurred by the excavation of a cellar, which, besides making the room dryer and warmer, furnished ample space for a furnace for heating the building.

"We are greatly indebted to the skill of Mr. Vaux for the plan, &c., of this very beautiful room; it is in excellent taste and admirably adapted to its intended purpose. Every window commands a beautiful view, not only of our grounds, but of the city or distant hills. It cannot but afford our convalescent patients a most welcome retreat, especially in inclement weather, from those inconveniences and annoyances which must, more or less, inevitably meet *such* patients in the ordinary day-rooms of an institution. The want of such a room has been long and keenly felt, and to a certain extent no one of our improvements will exert a more cheering and consoling influence. There is a natural tendency in the mind of most convalescents to be more inclined to "look back painfully into the past," than to go forward to "meet the future without fear, and with a manly heart," and this tendency cannot be lessened by the detention, from stormy weather, &c., within rooms full of sad recollections and painful associations. The new room will give all such a bright and invigorating change, and will, we are sure, prove a means of treatment of no small power. A bowling-alley, intended exclusively for the use of our female patients, has been built in the rear of the south wing. It was placed so as to form part of the western boundary of the proposed extension of the airing court or yard. It contains a room twenty feet square at one end, and two alleys of fifty feet each, instead of one, as was originally estimated, built upon a deadened floor, over standards of brick, to lessen the noise of the balls. The sides of the alley are ceiled with narrow strips of yellow (or southern) pine, and varnished. The alley, handsomely furnished and finished, presents a very pleasant and cheerful appearance, and is naturally popular and useful.

"The cost of the museum was \$2,675 67. That of the bowling-alley was \$1,652 15."

4. Dr. De Wolf reports a further step toward the completion of the hospital at Halifax. The portion of the south wing of the building, designed to contain the wards for excited male patients, was first occupied in May, 1861. Of this part Dr. De Wolf says :

"The new wing is only two stories in height, and completes the south half of the building. The apartments designed for the most violent patients, are so constructed as to be secure from injury, and yet are finished, to all appearance, like ordinary rooms. They differ chiefly from the other single dormitories in being larger in size, and in having a side light near the door, for the double purpose of ventilation and inspection. This unglazed window, with an ornamental iron facing, is provided with a sliding oak shutter.

"To Dr. Tyler, formerly of Concord, N. H., now Superintendent of the McLean Asylum, Boston, Mass., we are indebted for valuable practical hints regarding these rooms.

"Dr. H. H. Stabb, Superintendent of the Newfoundland Asylum, kindly furnished us with a pattern iron window sash, and for the apartments named these are admirably adapted. They are built into the brick work ; the upper half is double, the glazed portion of the sash being hinged at the top, and opening outwards. A strong wire guard, of ornamental pattern, protects the glass from injury. A sliding shutter of boiler plate is concealed in the wall, and is controlled by a key in the corridor.

"These rooms have oak doors of double thickness, which, being painted to correspond with the other wood work, have all the appearance of ordinary dwelling-house doors. Instead of bolts, we have extra locks, to be used when required. By these means, without anything of a prison aspect, we have the security desirable for certain cases, fortunately very limited in number.

"The other arrangements of the south wing are deserving of notice.

"The flooring is of pitch pine from Florida, of narrow width, grooved and tongued, and secret nailed. All the floors are deafened.

"The windows (except in the rooms already alluded to) have cast-iron sash bars, in an outer sash of oak. These rise and fall about five inches, the upper and lower sashes balancing



each other. The squares of glass are six inches by eighteen, and throughout the lower hall are protected by ornamental window guards of heavy wire-work. The window jambs are splayed and rounded off, the plastering finishing into a groove in the sash frame. The door jambs are finished to correspond. By this a large amount of wood-work and painting is saved, while the appearance of the halls is greatly improved.

"A space is left between the external walls and the plastering, preventing the absorption of moisture, so troublesome in the sections of the Hospital first built. Instead of ordinary plastering, the walls are finished with cement, so that the most mischievous patients find it impracticable to make any impression.

"The dining-rooms are large and centrally situated. Each has its china closet and dumb waiter.

"A drying closet is provided on each story. Hose are kept in readiness in each ward in the event of fire.

"The bath tubs are of cast iron, painted, and are supplied at the bottom. Hot and cold water, for bathing purposes, is always available. The water closets are flushed by opening the door.

"The heating is by steam, and in every way satisfactory. Our standard of temperature is 63°. The coils of steam pipe give off their heat in a large chamber immediately under the corridors. A flue from this chamber leads to every room, and opens about fifteen inches from the floor. Each room has also its ventilating flue near the ceiling leading to the attic, where an Emerson's ventilator, three feet in diameter, is always open.

"The ventilating fan will eventually be connected with these distant chambers, so as to enable us to regulate the admission of air as may be required.

"The halls are lighted with gas made on the premises from Cannel coal.

"The furniture is neat and very strong. Wooden bedsteads alone are used, being far cheaper than iron—stronger, if anything, and of much better appearance, while they are no more liable to vermin. The settees, corresponding in design with the bedsteads, are very heavy, and divided into compartments, so that they cannot be used as lounges, nor can the patients crowd each other.

"In the lower hall all the furniture is of birch, painted imitation oak; in the upper, imitation walnut.

"One division of each hall has rooms on one side only, forming the pleasantest corridors in the building."

The statistics for the year are : Admitted, 60 ; discharged, 38 ; remaining, 117. Of the number discharged, 20 were recovered, 8 improved, and 10 died.

5. The report of the Malden Asylum is the first of its history as an independent institution. In September, 1861, its connection with the Parent Asylum at Toronto was severed, and Dr. Fisher confirmed in his position as its responsible head.

The Asylum is located at Fort Malden, on the Detroit river, and the site is stated to be pleasant and salubrious. Much remains yet to be accomplished in the improvement of the building and grounds of the new institution, but this labor has been entered upon with creditable zeal. Already the Board have ordered the erection of a residence for the Superintendent, a new building for a laundry and bakery, and many desirable changes in the officer's quarters.

The number of patients remaining at the end of the year was 206. From the recent opening of the Asylum, and the transfer of many patients from the Toronto institution, further statistics are not given.

HEREDITARY TRANSMISSION.—The transactions of the Rhode Island Medical Society for 1862 contain, among other communications, "An Address on Hereditary Transmission, by B. Lincoln Ray, M. D." This is a carefully written and concise digest of the views of medical writers on the subject, with personal observations from his experience as assistant physician of the Butler Hospital for the Insane. Dr. Ray is the only son of the distinguished superintendent of that institution. His thorough familiarity with his subject, his ease of diction and grace of style show him to be a veritable "chip of the old block," and a proof of the doctrine of hereditary transmission. The address occupies seventeen pages of the transactions. We quote a few paragraphs. He defines the laws of heredity thus :

"Before stating more minutely the facts of hereditary transmission, we must state the great principles by which it is regulated and restricted. Two great powers or laws of nature

coöperate in the propagation of a species. One of these laws produces difference, diversity, individuality, in short. It is the law by whose wonderful power no two beings in the higher orders of animal and vegetable life are precisely alike. It has, however, no power to change species; no power, either suddenly or gradually, to overthrow the immutable barriers which divide each species from every other. Within these barriers its dominion is great but not absolute.

"The other great law produces similarity, likeness, uniformity. It may be said to have two kingdoms, or fields of action, first, the species, in which it is supreme and only ruler; second, the individual in which it shares its sovereignty with the first-named law. For convenience, we will name these laws: First, the Law of Diversity; second, the Law of Uniformity or Heritage. We hold that the law which we ordinarily designate that of hereditary transmission is identical with the great law which preserves the immutability of species. The difference is in the scope, not in the nature of the law. In its first field of action it transmits, inevitably, specific traits; in its second it transmits, not inevitably, individual traits."

His conclusions are as follows:

"The practical conclusions drawn from the facts and principles presented, may be stated generally as follows: First, from healthy and unconsanguineous ancestors proceeds a posterity of which a *very large proportion* are born perfect, sound, and with tendencies towards healthy development and healthy procreation; second, from unhealthy or consanguineous ancestors proceed a posterity of which a *very much less proportion* are born perfect, sound, with tendencies towards healthy development and procreation. Or, to make the correlative statement: Healthy and unrelated ancestors produce a posterity of which but a *very small proportion* are imperfect or unsound; while unhealthy or related ancestors produce a posterity of which a *very much larger proportion* are imperfect or unsound.

"From the statements just made, there arise certain moral questions regarding marriage; questions whose practical answers have important bearings on society. These questions, varying for particular cases, we may put generally in this form: Is marriage right and proper between parties congenitally deformed, related by blood, enfeebled by chronic disease or excess, or inheriting tendencies to disease known to be frequently transmitted? We cannot doubt that the general answer to this general question, by all physicians and the

great majority of a civilized people, would be in the negative. That small class of persons represented by the conscientious objectors to the use of anesthetics in relieving the pangs of child-birth, might give a different answer. Most of us, in these days, while recognizing the fact that evils, moral and physical, individual and social, are allowed by the Almighty to exist, deem this no reason for folding our hands and letting them alone. Neither do we think it wrong to strive, with what power we have, to prevent them.

"It is, however, much easier to win theoretical assent to general principles, than to obtain their practical application in life. It seems hard and cruel that true affection should be blighted, because of its possible evil effects on a posterity yet unborn. It seems hard to ask the amiable invalid to reject the life-long devotion of the ardent lover. When the unhappy heiress of strong predisposition to insanity is wooed by one who fondly fancies that his love can shield and guard her so securely, against care and sorrow and excitement, that the dreaded fate can never reach her,—how hard it is to discourage such generosity! How hard to dash away the sparkling cup of happiness because of the fatal dregs that lurk unnoticed at the bottom!

## SUMMARY.

DEATH OF DR. CARL WILHELM IDELER.—The *Allgemeine Zeitschrift für Psychiatric*, Vol. 19, part 3d, contains an obituary notice, by Dr. Laehr, of Dr. C. W. Ideler. Dr. Ideler was one of the most distinguished writers on Medical Psychology in Germany, and was born in Bendwisch, a small village of West Prieegnitz, in 1795, and manifested very early a great love for the natural sciences. He received his primary education at the Berlin Gymnasium, and studied medicine at the Frederick-William Institute. He obtained the degree of Doctor of Medicine in 1820, upon the production of his treatise, entitled "*De Principio Nervorum Activo Imponderabili*." Aside from his great work on Diatetics, which is considered unsurpassed by any treatise on the subject extant, he wrote much upon medicinal psychology. The following are his chief works on this branch of science: "Principles of Mental Medicine," Berlin, 1835-8; "Religious Insanity," with

illustrative cases, "Insanity in its Physiological and Social Relations," "Essay on the Theory of Religious Insanity," "Judicial Psychology," and lastly, in 1857, a "Manual of Judicial Psychology." As Professor in the University, since 1840, he lectured during the summer on Diatetics, and in the winter on Mental Medicine and Anthropology. The pages of the "Journal of the Charity Hospital," and the "*Algemeine Zeitschrift*," have also been enriched by numerous contributions of standard excellence, mostly of a psychological character.

It is sad to observe how the last years of this able writer were embittered by one of the most painful of the many forms of nervous disease he had labored so long and so ably to elucidate. A growing distrust of his mental powers settled down upon him, impairing his intellectual elasticity to such an extent, that, while engaged on his last work, he seemed to have lost completely that love for intellectual labor, which had probably served to bring about the condition from which he suffered. Disturbances of the functions of digestion were followed by a condition of profound hypochondria, attended by sleeplessness and a distressing train of nervous symptoms, convulsive movements of the upper and lower extremities, &c. Lastly, asthmatic difficulties and congestion of the brain, terminated his laborious and useful life on the 29th of July last. In the death of Dr. Ideler, psychological science has lost one of its brightest ornaments.

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THE PARISH WILL CASE.—CORRECTION.—In our review of the Parish Will Case, in the October number of THE JOURNAL, we inadvertently made an erroneous statement. It is there said that the decree of the Surrogate, admitting the first codicil to probate, and rejecting the second and third, "was affirmed" by the Supreme Court, and that the Court of Appeals "sustained that decision." We should have been a little more explicit. It will, of course, be seen that the final decision would have been conclusive against the first codicil, as well as the second and third, had the validity of that codicil been before the court. The Supreme Court was of opinion that the first codicil was void, but, as the parties appealing from that part of the Surrogate's decree had no interest in the question, they submitted to a dismissal of their appeal. That codicil affected real estate only, and consequently the residuary legatees did not appeal at all from the Surrogate's decision, but are now taking the appropriate steps to obtain



the statutory relief in such cases provided. For these reasons the question in regard to the first codicil was not before the Court of Appeals, although practically settled by their decision.

**DIXMONT HOSPITAL FOR THE INSANE.**—This new Hospital, near Pittsburg, Penn., was inaugurated with appropriate ceremonies on the 11th of November last. We copy the following from a local newspaper :

"Dixmont Hospital for the insane, is situated upon a hill above Killbuck Station, about eight miles from the city, on the line of the Pittsburg, Fort Wayne and Chicago Railway. The site was selected after much care and examination by that philanthropic lady, Miss Dix, and receives its name, Dixmont, from her.

"The hospital proper consists of a central building, sixty-one feet front by one hundred and thirty feet deep, and four stories in height, arranged for the use of the officers, visitors, culinary departments, and with a chapel forty-seven feet by fifty feet, store rooms, &c. On each side of this central building extend wings one hundred and four feet front, by thirty-eight feet deep, and three stories in height, arranged with halls and dormitories for the use of the patients, each wing furnishing, with a building at the end, forty-five feet front by fifty-five feet deep, and four stories in height, parlors, dining rooms, &c., for the use of the patients.

"The building is divided into six wards, three on each wing, of eighteen sleeping rooms for the patients, and a nurse room. On the right of the main building is the apartment for the males, and on the left for the females. Every ward has two alcoves, one to be used as a sitting room, and the other to contain a bagatelle table, roulette, or something else, for the amusement of the inmates. Near the end of each ward, to one side, is a dining room, in which there is a steam table on which the victuals are kept warm, and adjoining it is the pantry. Adjoining the dining room is a bath and drying room and water closet. On the opposite side is the parlor, in which the inmates are permitted to congregate and talk together, or receive their visitors. Along the corridor are dumb waiters for bringing the victuals to each ward, a foul clothes chute for passing the dirty clothes of the inmates to the lower story, and a dust chute, into which all dust is swept. In the nurse's rooms are speaking trumpets leading to the lower story, through which all inquiries are answered, and all wants made known.

"In the rear of the third story of the main building is the chapel, which is neatly arranged, and designed for the convenience of the inmates of the institution.

"On the first floor of the main building are situated the offices, parlors, bath-rooms, store-rooms, wherein are erected a separate apartment for each patient's clothing, which is numbered to correspond with his entrance to the institution, officers' dining-room, Superintendent's kitchen, and the kitchen for the inmates.

"In the basement will be erected, in a few days a railway for the purpose of conveying in the car the victuals from the kitchen to the dumb waiters, to be taken by them to the several wards of the building. The car is the invention of one of the inmates of the Insane Asylum at Philadelphia, and it is said it will turn a square curve without disarranging any of the dishes placed in it.

"A ten-pin alley will also be constructed in the basement, for the amusement of the inmates.

"The whole buildings are erected with brick walls, iron covered roofs and stairways of stone, and with a view to future extension of wings to accommodate, in all three hundred patients.

"The hospital is entirely heated by steam pipes placed in the cellar, of which there are now 26,000 feet placed and ready to give ample heat, with all other requisite supplies of hot and cold water to kitchens and bath-rooms.

"Detached from the main building is a building for the laundry, bakery and boiler rooms, forty-five feet by fifty-five feet, and two stories in height, built of stone and covered with iron, on which are placed two cornish boilers, six feet in diameter and twenty feet long, and a plain boiler, three feet in diameter, by twenty feet long, for summer use, with two steam engines, one connected with a fan, twelve feet in diameter, to supply fresh air to the main building, and the other being used to drive two shaker washing machines, one wringer and a mangle, which are placed in the laundry or second story, and where is also a steam drying closet.

"Another building, erected of stone, and covered with iron, contains a boiler and two steam pumps, to draw water from the river and send it to the hill, two hundred and twenty-two feet from the river, and about one hundred feet above the main buildings. It is capable of containing one hundred and forty-four thousand gallons, sending water over all parts of the whole buildings, with a powerful head. Another building, thirty feet by sixty feet, and three stories high, built of stone and covered with iron, is now being

finished to hold a gas apparatus, capable of supplying five thousand feet daily, and the gas pipes are laid throughout the buildings ready for use."

Dr. Joseph A. Reed is the Superintendent and Physician.

LECTURES ON INSANITY.—Dr. John E. Tyler, the Medical Superintendent of the McLean Asylum, repeats, this winter, to the Medical Class of Harvard University, the familiar course of instruction and lectures on Insanity, which he delivered a year ago in that Institution, at the request of Prof. Shattuck. We trust this recognition of the claims of psychological medicine by the ancient University of Harvard, will be initiatory of a permanent professorship in this department of our science.

FIRE AT THE VERMONT ASYLUM.—A fire broke out in the male wing contiguous to the centre building, at 2 o'clock A. M., on the 21st of December last. The weather was severely cold, accompanied by a high North wind. The fire made such rapid progress that the centre building and the male department connected with it, were destroyed. The whole building devoted to the female patients, and the large Marsh buildings, were uninjured. By appropriating the Marsh buildings, which were only partially occupied, previously and the female infirmary, for the males, they were made quite comfortable, until a portion of them could be removed by their friends. During the removal of the patients from one building to another, at the time of the fire, a considerable number escaped. All have been returned but four, and two of these have been heard from. It is not known that any one has been destroyed by the fire. Measures are taken to rebuild as soon as possible.

RESIGNATION OF DR. BUCKNILL.—At a special general meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, (Great Britain,) convened the 17th of September, Dr. J. C. Bucknill, having been appointed by the Lord Chancellor, to the office of Visitor to the Chancery Lunatics, resigned the editorship of the *Journal of Mental Science*, which he had so ably conducted for nine years.

Dr. C. Lockhart Robertson, M. S. Co. Asy., Sussex (Hayward's Heath,) and late General Secretary to the Association, was nominated as the successor to Dr. Bucknill, and unanimously elected. He will be assisted in his editorial labors by Dr. Henry Mandsley.